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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# **PETITION TO ACCEPT UNAVOIDABLY DELAYED PAYMENT OF MAINTENANCE FEE IN AN EXPIRED PATENT (37 CFR 1.378(b))**

Docket Number (Optional)

Mail to: Mail Stop Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450  
Fax: (571) 273-8300

RECEIVED

02/02/2010 DALLEN 00000070 6026532

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FEB 03 2010

NOTE: If information or assistance is needed in completing this form, please contact Petitions Information at  
(571) 272-3282.

Patent Number: 6026532Application Number: 08777032Issue Date: 02/22/2000Filing Date: 12/30/1996

**CAUTION:** Maintenance fee (and surcharge, if any) payment must correctly identify: (1) the patent number (or reissue patent number, if a reissue) and (2) the application number of the actual U.S. application (or reissue application) leading to issuance of that patent to ensure the fee(s) is/are associated with the correct patent. 37 CFR 1.366(c) and (d).

**Also complete the following information, if applicable:**

The above-identified patent:

☐ is a reissue of original Patent No. \_\_\_\_\_  
original application number \_\_\_\_\_  
original filing date \_\_\_\_\_

Refund Ref:  
02/02/2010 DALLEN 0000170041  
original issue date \_\_\_\_\_

CHECK Refund Total: \$1240.00

☐ resulted from the entry into the U.S. under 35 U.S.C. 371 of international application  
\_\_\_\_\_ filed on \_\_\_\_\_

## **CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is

(1) being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 OR

(2) transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.

1-20-10

Date

  
Signature

David Catanzaro

Typed or printed name of person signing Certificate

[Page 1 of 4]

This collection of information is required by 37 CFR 1.378(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## 1. SMALL ENTITY

☒ Patentee claims, or has previously claimed, small entity status. See 37 CFR 1.27

RECEIVED

## 2. LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS

☐ Patentee is no longer entitled to small entity status. See 37 CFR 1.27(g)

FEB 03 2010

## 3. MAINTENANCE FEE (37 CFR 1.20(e)-(g))

OFFICE OF PETITIONS

The appropriate maintenance fee must be submitted with this petition, unless it was paid earlier.

NOT Small Entity			Small Entity		
Amount	Fee	(Code)	Amount	Fee	(Code)
<input type="checkbox"/> \$ _____	3 ½ yr fee	(1551)	<input checked="" type="checkbox"/> \$ 490.00	3 ½ yr fee	(2551)
<input type="checkbox"/> \$ _____	7 ½ yr fee	(1552)	<input checked="" type="checkbox"/> \$ 1,240.00	7 ½ yr fee	(2552)
<input type="checkbox"/> \$ _____	11 ½ yr fee	(1553)	<input type="checkbox"/> \$ _____	11 ½ yr fee	(2553)

MAINTENANCE FEE BEING SUBMITTED \$ 1,730.00

## 4. SURCHARGE

The surcharge required by 37 CFR 1.20(i)(1) of \$ 700.00 (Fee Code 1557) must be paid as a condition of accepting unavoidably delayed payment of the maintenance fee.

SURCHARGE FEE BEING SUBMITTED \$ 700.00

## 5. MANNER OF PAYMENT

- ☒ Enclosed is a check for the sum of \$ 2,430.00
- ☐ Please charge Deposit Account No. \_\_\_\_\_ the sum of \$ \_\_\_\_\_.
- ☐ Payment by credit card. Form PTO-2038 is attached.

## 6. AUTHORIZATION TO CHARGE ANY FEE DEFICIENCY

☐ The Director is hereby authorized to charge any maintenance fee, surcharge or petition fee deficiency to Deposit Account No. \_\_\_\_\_.

**7. OVERPAYMENT**

As to any overpayment made, please

☐ Credit to Deposit Account No. \_\_\_\_\_**OR**☒ Send refund check**RECEIVED****FEB 03 2010****OFFICE OF PETITIONS****WARNING:**

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

**8. SHOWING**

The enclosed statement will show that the delay in timely payment of the maintenance fee was unavoidable since reasonable care was taken to ensure that the maintenance fee would be paid timely and that this petition is being filed promptly after the patentee was notified of, or otherwise became aware of, the expiration of the patent. The statement must enumerate the steps taken to ensure timely payment of the maintenance fee, the date and the manner in which the patentee became aware of the expiration of the patent, and the steps taken to file the petition promptly.

**9. PETITIONER(S) REQUESTS THAT THE DELAYED PAYMENT OF THE MAINTENANCE FEE BE ACCEPTED AND THE PATENT REINSTATED.**

  
Signature(s) of Petitioner(s)

David Catanzaro

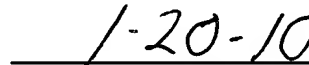
Typed or printed name(s)

286 Upper Powderly Street

Address

Carbondale, PA 18407

Address


  
Date

Registration Number, if applicable

570-282-4889

Telephone Number

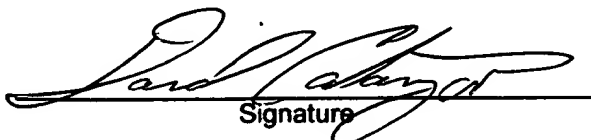
**ENCLOSURES:**

- ☒ Maintenance Fee Payment
- ☒ Statement why maintenance fee was not paid timely
- ☒ Surcharge under 37 CFR 1.20(i)(1) (fee for filing the maintenance fee petition)
- ☒ Other:

1. Folder Containing Yearly Break Down Sheets & Full Tax Returns from 2003 to 2009
2. Folder Containing Supporting Documents

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

37 CFR 1.378(d) states: "Any petition under this section must be signed by an attorney or agent registered to practice before the Patent and Trademark Office, or by the patentee, the assignee, or other party in interest."



Signature

1-20-10  
Date

David Catanzaro

Type or printed name

Registration Number, if applicable

### STATEMENT

(In the space below, please provide the showing of unavoidable delay recited in paragraph 8 above.)

The maintenance fees in this application were not paid due to 'Extreme Economic Hardship.' Patentee was fully aware of all maintenance fee payment periods. Patentee 'struggled' to meet the minimum necessities for 'Basic Living Needs' and as a result, maintenance fee payments could not be made. The enclosed information will denote the 'Extreme Financial Hardship' endured through 2003 to the filing of this Petition.

Attached is a complete showing from 02/24/2003 to the filing of this Petition. The showing is supported by a complete explanation of applicant's financial condition during the entire period and includes income, expenses, assets (or the lack thereof), credit condition and obligations. Enclosed please find:

1. Yearly Break Down Sheets from 2003 to 2009 2. Full Tax returns from 2003 to 2009 3. Supporting Documents

#### Summary

Starting in 2001 through 2006, my business, One Voice Ministries, was a sole owned venture. In the early part of the decade, I was involved in full time prison ministry. Prison officials paid me to perform as a musician and share my faith at prison facilities across the country. Because of drastic budget cuts that started after 9/11, within the Federal Bureau of Prisons, funding for my program was cut.

Not being able to afford to stay at my previous address (address listed on patent), in 2005 I had to move in with a relative (my mother) because I could no longer afford to pay rent or utilities. To this day I still owe my landlord a debt of over \$1,000 (refer to letter in Supporting Documents).

I believe in humanitarian work, and in 2007 my business name changed to David Joseph Music. In 2007 I performed at over 40 military bases for our soldiers and their families throughout the country. I received no pay for those performances just whatever I made on selling my recordings.

In 2008 a friend gave me a product as a gift, which I sold on ebay. The net profit of the sale was \$4,854.70 (refer to Supporting Documents) of which, I was required to 'immediately' pay off a loan of \$3,000 (refer to enclosed letter in Supporting Documents). From the remaining \$1854.70 I sent \$1,490.00 to the Patent and Trademark Office in October of 2008 to revive abandoned patent application No.: 09/505/791. The \$1,490.00 covered the Petition Fee & Patent Issue Fee. Patent Issue Fee was originally due on or before January 7, 2002. Petition was granted on November 10, 2009.

In October of 2009, my mother Josephine Catanzaro retained an attorney to collect moneys from an estate she was legally entitled to. Based on the fact that her attorney currently believes 'full recovery' will be forthcoming, she has agreed to allow me access to \$2,500 from her Wells Fargo Credit Card account, allowing me to pay all fees associated with this petition.

(Please attach additional sheets if additional space is needed)



## **2003**

### **INCOME**

Net Earned Income from Tax  
Return after Business Expenses..... Negative \$1,921

Additional financial support (loans)..... \$5,766

### **EXPENSES**

(Other than Business)

Rent..... \$3,600 (\$300 monthly)

Heating Oil..... \$0 (State subsidized via state & local grant vouchers)

Electric..... \$360 (\$30 monthly, \$15 subsidized monthly by state/local program)

Water..... \$300 (\$50 average every two months)

Basic Phone Service..... \$325 (\$27.00 monthly)

Food..... \$640 (As of 4/23 Food Stamps subsidized all food costs)

Transportation Necessity; Vehicle Gas..... \$540 (\$15.00 weekly for 9 months, business allowance for 3 months)

Total Expenses Paid..... \$5,765

### **OBLIGATIONS**

Loan from Leonard Browksi..... \$3,000

Loan from Josephine Catanzaro..... \$1,383 (Approximately)

Loan from Anthony Catanzaro..... \$1,383 (Approximately)

2002 Federal Taxes owed..... \$1,073 (Current Balance with interest: \$1,737.24)

Loan from Covenant Church (2000)..... \$500 (2000)

Credit Cards (1997)..... Debt Over \$23,000

### **PERSONAL ASSETS**

None

### **SAVING**

\$0.00

## 2004

### INCOME

Net Earned Income from Tax  
Return after Business Expenses..... Negative \$881

Additional financial support (loans)..... \$5,125

### EXPENSES

(Other than Business)

Rent..... \$3,600 (\$300 monthly)

Heating Oil..... \$0 (State subsidized via grant vouchers)

Electric..... \$360 (\$30 monthly, \$15 subsidized monthly by state program)

Water..... \$300 (\$50 average every two months)

Basic Phone Service..... \$325 (\$27.00 monthly)

Food..... \$0 (Food Stamp subsidized)

Transportation Necessity; Vehicle Gas..... \$540 (\$15.00 weekly for 9 months, business allowance for 3 months)

Total Expenses Paid.....\$5,125

### OBLIGATIONS

Land lord Credit from Margie Stewart.....\$1,325

Loan from Josephine Catanzaro.....\$1,900 (Approximately)

Loan from Anthony Catanzaro.....\$1,900 (Approximately)

Loan from Leonard Browksi (2003).....\$3,000

Loan from Josephine Catanzaro (2003)....\$1,383

Loan from Anthony Catanzaro (2003).....\$1,383

2002 Federal Taxes owed..... \$1,737

Loan from Covenant Church (2000).....\$500

Credit Cards (1997)..... Debt Over \$23,000

### PERSONAL ASSETS

None

### SAVING

\$0.00

## 2005

### INCOME

Net Earned Income from Tax  
Return after Business Expenses.....\$322

Additional financial support (loans).....\$400

### EXPENSES

(Other than Business)

Rent..... \$0 (Moved into family home with mother)

Heating Oil..... \$0

Electric..... \$0

Water..... \$100

Phone Service..... \$0

Food..... \$0 (Food Stamp subsidized)

Transportation Necessity; Vehicle Gas..... \$600 (\$15.00 weekly for 10 months, business allowance 2 months)

Total Expenses Paid.....\$700

### OBLIGATIONS

Loan from Sam Cerami.....\$400

Rent for landlord (2004)..... \$1,325

Loan from Josephine Catanzaro (2004)..... \$1,900

Loan from Anthony Catanzaro (2004)..... \$1,900

Loan from Leonard Browksi (2003)..... \$3,000

Loan from Josephine Catanzaro (2003)..... \$1,383

Loan from Anthony Catanzaro (2003)..... \$1,383

2002 Federal Taxes owed..... \$1,737.24

Loan from Covenant Church (2000).....\$500

Credit Cards (1997)..... Debt Over \$23,000

### PERSONAL ASSETS

### SAVINGS

None

\$0.00

## 2006

### INCOME

Net Earned Income from Tax  
Return after Business Expenses..... Negative \$77 (Refund of \$40 automatically applied to unpaid taxes  
of 2002 by IRS)  
Additional financial support (loans).....\$0

### EXPENSES

(Other then Business)

Rent..... \$0 (Living in family home with mother)  
Heating Oil..... \$0  
Electric..... \$0  
Water..... \$100  
Phone Service..... \$0  
Food..... \$0 (Food Stamp subsidized)  
Transportation Necessity; Vehicle Gas..... \$600 (\$15.00 weekly for 10 months, business allowance 2 months)  
Total Expenses Paid.....\$700

### OBLIGATIONS

Loan from Sam Cerami.....\$700  
Loan from Sam Cerami (2005)..... \$400  
Credit given from Land lord (2004)..... \$1,325  
Loan from Josephine Catanzaro (2004)..... \$1,900  
Loan from Anthony Catanzaro (2004)..... \$1,900  
Loan from Leonard Browski (2003)..... \$3,000  
Loan from Josephine Catanzaro (2003)..... \$1,383  
Loan from Anthony Catanzaro (2003)..... \$1,383  
2002 Federal Taxes owed..... \$1,737.24  
Loan from Covenant Church (2000).....\$500  
Credit Cards (1997)..... Debt Over \$23,000

### PERSONAL ASSETS

None

### SAVINGS

\$0.00

## 2007

### INCOME

Net Earned Income from Tax  
Return after Business Expenses.....Negative \$5,717

Additional financial support (loans).....\$700

### EXPENSES

(Other than Business)

Rent..... \$0 (Living in family home with mother)

Heating Oil, Electric..... \$0

Water..... \$100

Phone Service..... \$0

Food..... \$0 (Food Stamp subsidized)

Transportation Necessity; Vehicle Gas..... \$600 (\$15.00 weekly for 10 months, business allowance 2 months)

Total Expenses Paid.....\$700

### OBLIGATIONS

Loan from Sam Cerami.....\$700

Loan from Sam Cerami (2006)..... \$700

Loan from Sam Cerami (2005).....\$400

Credit given from Landlord (2004)..... \$1,325

Loan from Josephine Catanzaro (2004)..... \$1,900

Loan from Anthony Catanzaro (2004)..... \$1,900

Loan from Leonard Browksi (2003)..... \$3,000

Loan from Josephine Catanzaro (2003)..... \$1,383

Loan from Anthony Catanzaro (2003)..... \$1,383

2002 Federal Taxes owed..... \$1,737

Loan from Covenant Church (2000).....\$500

Credit Cards (1997) ..... Debt Over \$23,000

### PERSONAL ASSETS

### SAVINGS

None

\$0.00

## 2008

### INCOME

Net Earned Income from Tax  
Return after Business Expenses.....\$392 (Refund of \$128 automatically applied to unpaid taxes  
of 2002 by IRS)

Additional financial support (gift sold in May).....\$4,854

### EXPENSES

(Other than Business)

Rent..... \$0 (Living in family home with mother)  
Heating Oil, Electric, Phone Service..... \$0

Water..... \$100  
Food..... \$0 (Food Stamp subsidized)

Transportation Necessity; Vehicle Gas..... \$660 (\$15.00 weekly for 11 months, business allowance 1 month)

Total Expenses Paid.....\$760

### ADDITIONAL MONIES PAID

Loan from Leonard Browksi (2003)..... \$3,000 (Paid off in May 2008)

PTO Petition Fee & Patent Issue Fee of \$1,490 for abandoned application 09/505/791, paid July 1, 2008.

### OBLIGATIONS

Loan from Sam Cerami (2007).....\$700  
Loan from Sam Cerami (2006)..... \$700  
Loan from Sam Cerami (2005)..... \$400  
Credit given from Landlord (2004)..... \$1,325  
Loan from Josephine Catanzaro (2004)..... \$1,900  
Loan from Anthony Catanzaro (2004)..... \$1,900  
Loan from Josephine Catanzaro (2003)..... \$1,383  
Loan from Anthony Catanzaro (2003)..... \$1,383  
2002 Federal Taxes owed..... \$1,737  
Loan from Covenant Church (2000).....\$500  
Credit Cards (1997)..... Debt Over \$23,000

**PERSONAL ASSETS:** None

**SAVINGS:** \$0.00

## 2009

### INCOME

Net Earned Income from Tax  
Return after Business Expenses.....\$596 (Refund of \$180 automatically applied to unpaid taxes  
of 2002 by IRS)

Additional financial support  
(amount left over from gift sold in May 08).....\$364

### EXPENSES

(Other than Business)

Rent..... \$0 (Living in family home with mother)

Heating Oil, Electric, Phone Service..... \$100 (Electric bill)

Water..... \$100

Food..... \$0 (Food Stamp subsidized)

Transportation Necessity; Vehicle Gas..... \$720 (\$15.00 weekly for 12 months)

Total Expenses Paid.....\$920

### OBLIGATIONS

Loan from Sam Cerami (2007).....\$700

Loan from Sam Cerami (2006)..... \$700

Loan from Sam Cerami (2005).....\$400

Credit given from Landlord (2004)..... \$1,325

Loan from Josephine Catanzaro (2004)..... \$1,900

Loan from Anthony Catanzaro (2004)..... \$1,900

Loan from Josephine Catanzaro (2003)..... \$1,383

Loan from Anthony Catanzaro (2003)..... \$1,383

2002 Federal Taxes owed..... \$1,737

Loan from Covenant Church (2000).....\$500

Credit Cards (1997)..... Debt Over \$23,000

**PERSONAL ASSETS:** None

**SAVINGS:** \$0.00

Form 8879

## IRS e-file Signature Authorization

OMB No. 1545-1758

Department of the Treasury  
Internal Revenue Service▶ Do not send to the IRS. Keep this form for your records.  
▶ See Instructions.

2003

Declaration Control Number (DCN) 00-230662- -4

Taxpayer's name

Social security number

DAVID J. CATANZARO

Spouse's name

Spouse's social security number

**Part I Tax Return Information - Tax Year Ending December 31, 2003 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 35; Form 1040A, line 22; Form 1040EZ, line 4)	1	(1,921)
2	Total tax (Form 1040, line 60; Form 1040A, line 38; Form 1040EZ, line 10)	2	0
3	Federal income tax withheld (Form 1040, line 61; Form 1040A, line 39; Form 1040EZ, line 7)	3	0
4	Refund (Form 1040, line 70a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	
5	Amount you owe (Form 1040, line 72; Form 1040A, line 47; Form 1040EZ, line 12)	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2003, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I acknowledge that I have read the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only



I authorize HR Block

ERO firm name

to enter my PIN

19052

as my signature

on my tax year 2003 electronically filed income tax return.

do not enter all zeros



I will enter my PIN as my signature on my tax year 2003 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶

COPY ONLY

Date ▶ 04/14/2004

Spouse's PIN: check one box only



I authorize

ERO firm name

to enter my PIN

do not enter all zeros

as my signature

on my tax year 2003 electronically filed income tax return.



I will enter my PIN as my signature on my tax year 2003 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

COPY ONLY

Date ▶

**Practitioner PIN Method Returns Only - continue below****Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/ PIN. Enter your six- digit EFIN followed by your five- digit self- selected PIN.

23066201402

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2003 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized e-file Providers.

ERO's signature ▶

Date ▶

04/14/2004

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**



## Label

(See instructions on page 19.)

Use the IRS label. Otherwise, please print or type.

DAVID J CATANZARO  
626 PENN AVE  
MAYFIELD, PA 18433

OMB No. 1545-0074

Your social security number

Spouse's social security number

▲ Important! ▲  
You must enter your SSN(s) above.

## Presidential Election Campaign (See page 19.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You Spouse  
Yes ☐ No ☒ Yes ☐ No ☐

## Filing Status

- 1 ☒ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above & full name below.
- 4 ☐ Head of household (with qualifying person). (See page 20.)  
If the qualifying person is a child but not your dependent, enter this child's name here.
- 5 ☐ Qualifying widow(er) with dependent child. (See page 20.)

## Exemptions

- 6a
- ☒
- Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

b ☐ Spouse

## c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qual. child for child tax cr.

No. of boxes checked on 6a and 6b 1

No. of children on 6c who:  
• lived with you  
• did not live with you due to divorce or separation (see page 21)

Dependents on 6c not entered above

Add numbers on lines above

d Total number of exemptions claimed

1

## Income

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2

- 8a Taxable interest. Attach Schedule B if required

- b Tax-exempt interest. Do not include on line 8a

8b

- 9a Ordinary dividends. Attach Schedule B if required

- b Qualified dividends (see page 23)

9b

- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

- 11 Alimony received

- 12 Business income or (loss). Attach Schedule C or C-EZ

- 13a Capital gain/(loss). Attach Sch D. If not required check here.

- b If box on 13a is checked, enter post-May 5 capital gain distributions

13b

- 14 Other gains or (losses). Attach Form 4797

- 15a IRA distributions

15a

b Taxable amt

- 16a Pensions and annuities

16a

b Taxable amt

- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

- 18 Farm income or (loss). Attach Schedule F

- 19 Unemployment compensation

- 20a Social security benefits

20a

b Taxable amt

- 21 Other income. List type and amount (see page 27)

- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income

(1,921.)

## Adjusted Gross Income

- 23 Educator expenses (see page 29)

23

- 24 IRA deduction (see page 29)

24

- 25 Student loan interest deduction (see page 31)

25

- 26 Tuition and fees deduction (see page 32)

26

- 27 Moving expenses. Attach Form 3903

27

- 28 One-half of self-employment tax. Attach Schedule SE

28

- 29 Self-employed health insurance deduction (see page 33)

29

- 30 Self-employed SEP, SIMPLE, and qualified plans

30

- 31 Penalty on early withdrawal of savings

31

- 32a Alimony paid b Recipient's SSN

32a

- 33 Add lines 23 through 32a

33

- 34 Subtract line 33 from line 22. This is your adjusted gross income

(1,921.)

**Tax and Credits**

35 Amount from line 34 (adjusted gross income)

35 (1,921.)

36a Check ☐ You were born before January 2, 1939, if: ☐ Spouse was born before January 2, 1939,☐ Blind ☐ Blind

Total boxes checked ▶ 36a

b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here ▶ 36b ☐**Standard Deduction for -**

- People who checked any box on line 36a or 36b or who can be claimed as a dependent, see page 34.

- All others:

- Single or Married filing separately, \$4,750

- Married filing jointly or Qualifying widow(er), \$9,500

- Head of household, \$7,000

37 Itemized deductions (from Schedule A) or your standard deduction (see left margin)

37 4,750.

38 Subtract line 37 from line 35

38 (6,671.)

39 If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35

39 3,050.

40 Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-

40 0.

41 Tax. Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972

41 0.

42 Alternative minimum tax. Attach Form 6251

42

43 Add lines 41 and 42

43 0.

44 Foreign tax credit. Attach Form 1116 if required

44

45 Credit for child and dependent care expenses. Attach Form 2441

45

46 Credit for the elderly or the disabled. Attach Schedule R

46

47 Education credits. Attach Form 8863

47

48 Retirement savings contributions credit. Attach Form 8880

48

49 Child tax credit (see page 40)

49

50 Adoption credit. Attach Form 8839

50

51 Credits from: a ☐ Form 8396 b ☐ Form 8859

51

52 Other credits. Check applicable box(es): a ☐ Form 3800

52

b ☐ Form 8801 c ☐ Specify

52

53 Add lines 44 through 52. These are your total credits

53

54 Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-

54 0.

**Other Taxes**

55 Self-employment tax. Attach Schedule SE

55

56 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137

56

57 Tax on qualified plans, including IRAs, and other tax-favored accounts.

57

58 Advance earned income credit payments from Form(s) W-2

58

59 Household employment taxes. Attach Schedule H

59

60 Add lines 54 through 59. This is your total tax

60 0.

**Payments**

If you have a qualifying child, attach Schedule EIC.

61 Federal income tax withheld from Forms W-2 and 1099

61

62 2003 estimated tax payments &amp; amount applied from 2002 return

62

63 Earned income credit (EIC)

NQ

63

64 Excess social security and tier 1 RRTA tax withheld (see page 56)

64

65 Additional child tax credit. Attach Form 8812

65

66 Amount paid with request for extension to file (see page 56)

66

67 Other payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885

67

68 Add lines 61 through 67. These are your total payments

68 0.

**Refund**

Direct deposit? See page 56 and fill in 70b, 70c, and 70d.

69 If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid

69 0.

70a Amount of line 69 you want refunded to you

70a

▶ b Routing number ▶ c Type: ☐ Checking ☐ Savings

▶ d Account number

71 Amount of line 69 you want applied to 2004 estimated tax

71

**Amount You Owe**

72 Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57

72

73 Estimated tax penalty (see page 58)

73

**Third Party Designee**Do you want to allow another person to discuss this return with the IRS (see page 58)? ☐ Yes. Complete the following. ☐ No

Designee's name

Phone no.

Personal ID number

(PIN) ▶

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

For Info Only-Do not file

MUSICIAN

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

Joint return? See page 20. Keep a copy for your records.

For Info Only-Do not file

**Paid Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

H R BLOCK

CARBONDALE, PA 18407-0000

EIN 23-2223111

Phone no. (570) 282-3311

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2003**  
Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

► Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.  
► Attach to Form 1040 or 1041. ► See Instructions for Schedule C (Form 1040).

Name of proprietor

**DAVID J CATANZARO**

Social security number (SSN)

**A** Principal business or profession, including product or service (see page C-2 of the instructions)

**EVANGELIST : SERVICE**

**B** Enter code from pages C-7, 8, & 9

► **711510**

**C** Business name. If no separate business name, leave blank.

**DAVE CATANZARO ONE VOICE MINISTRIES**

**D** Employer ID number (EIN), if any

**E** Business address (including suite or room no.) ► **626 PENN AVE**

City, town or post office, state, and ZIP code **MAYFIELD, PA 18433**

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

**G** Did you "materially participate" in the operation of this business during 2003? If "No," see page C-3 for limit on losses

☒ Yes ☐ No

**H** If you started or acquired this business during 2003, check here

**Part I Income**

<b>1</b> Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here	<input type="checkbox"/>	<b>1</b>	<b>7,229.</b>
<b>2</b> Returns and allowances		<b>2</b>	
<b>3</b> Subtract line 2 from line 1		<b>3</b>	<b>7,229.</b>
<b>4</b> Cost of goods sold (from line 42 on page 2)		<b>4</b>	
<b>5</b> Gross profit. Subtract line 4 from line 3		<b>5</b>	<b>7,229.</b>
<b>6</b> Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)		<b>6</b>	
<b>7</b> Gross income. Add lines 5 and 6		<b>7</b>	<b>7,229.</b>

**Part II Expenses. Enter expenses for business use of your home only on line 30.**

<b>8</b> Advertising	<b>8</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>9</b> Car and truck expenses (see page C-3)	<b>9</b>	<b>4,338.</b>	<b>20</b> Rent or lease (see page C-5):		
<b>10</b> Commissions and fees	<b>10</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>11</b> Contract labor (see page C-4)	<b>11</b>		<b>b</b> Other business property	<b>20b</b>	
<b>12</b> Depletion	<b>12</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	<b>13</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	<b>1,867.</b>
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>15</b> Insurance (other than health)	<b>15</b>	<b>252.</b>	<b>24</b> Travel, meals, and entertainment:		
<b>16</b> Interest:			<b>a</b> Travel	<b>24a</b>	<b>399.</b>
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>b</b> Meals and entertainment		<b>3,600.</b>
<b>b</b> Other	<b>16b</b>		<b>c</b> Enter nondeductible amount included on line 24b (see page C-5)		<b>1,800.</b>
<b>17</b> Legal and professional services	<b>17</b>	<b>100.</b>	<b>d</b> Subtract line 24c from line 24b	<b>24d</b>	<b>1,800.</b>
<b>18</b> Office expense	<b>18</b>		<b>25</b> Utilities	<b>25</b>	
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27 in columns			<b>26</b> Wages (less employment credits)	<b>26</b>	
			<b>27</b> Other expenses (from line 48 on page 2)	<b>27</b>	<b>394.</b>
				<b>28</b>	<b>9,150.</b>
<b>29</b> Tentative profit (loss). Subtract line 28 from line 7				<b>29</b>	<b>(1,921.)</b>
<b>30</b> Expenses for business use of your home. Attach Form 8829				<b>30</b>	
<b>31</b> Net profit or (loss). Subtract line 30 from line 29.				<b>31</b>	<b>(1,921.)</b>

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

**32** If you have a loss, check the box that describes your investment in this activity (see page C-6).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

**32a** ☒ All investment is at risk.  
**32b** ☐ Some investment is not at risk.

**KBA** For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2003

**Part III Cost of Goods Sold** (see page C-6)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.			
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42		

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-4 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ► 4/15/2002			
44	Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle for:			
	a Business	11916	b Commuting	0
			c Other	9120
45	Do you (or your spouse) have another vehicle available for personal use?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
46	Was your vehicle available for personal use during off-duty hours?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If "Yes," is the evidence written?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

LONG DISTANCE PHONE	283.
VISA MC FEES	59.
POSTAGE	52.
48 Total other expenses. Enter here and on page 1, line 27	394.

**Schedule A - NOL** (see page 5 of the instructions)

<b>1</b>	Adjusted gross income from your 2003 Form 1040, line 35. Estates and trusts, skip lines 1 and 2	<b>1</b>	(1,921)
<b>2</b>	Deductions:		
<b>a</b>	Enter the amount from your 2003 Form 1040, line 37	<b>2a</b>	4,750
<b>b</b>	Enter your deduction for exemptions from your 2003 Form 1040, line 39	<b>2b</b>	3,050
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	7,800
<b>3</b>	Subtract line 2c from line 1. Estates and trusts, enter taxable income increased by the sum of the charitable deduction and income distribution deduction	<b>3</b>	(9,721)
<b>Note:</b> If line 3 is zero or more, do not complete the rest of the schedule. You do not have an NOL.			
<b>4</b>	Deduction for exemptions from line 2b above. Estates and trusts, enter the exemption amount from tax return	<b>4</b>	3,050
<b>5</b>	Total nonbusiness capital losses before limitation. Enter as a positive number	<b>5</b>	
<b>6</b>	Total nonbusiness capital gains (without regard to any section 1202 exclusion)	<b>6</b>	
<b>7</b>	If line 5 is more than line 6, enter the difference; otherwise, enter -0-	<b>7</b>	0
<b>8</b>	If line 6 is more than line 5, enter the difference; otherwise, enter -0-	<b>8</b>	0
<b>9</b>	Nonbusiness deductions (see page 5 of the instructions)	<b>9</b>	4,750
<b>10</b>	Nonbusiness income other than capital gains (see page 5 of the instructions)	<b>10</b>	
<b>11</b>	Add lines 8 and 10	<b>11</b>	
<b>12</b>	If line 9 is more than line 11, enter the difference; otherwise, enter -0-	<b>12</b>	4,750
<b>13</b>	If line 11 is more than line 9, enter the difference; otherwise, enter -0-. <b>But do not enter more than line 8</b>	<b>13</b>	0
<b>14</b>	Total business capital losses before limitation. Enter as a positive number	<b>14</b>	
<b>15</b>	Total business capital gains (without regard to any section 1202 exclusion)	<b>15</b>	
<b>16</b>	Add lines 13 and 15	<b>16</b>	
<b>17</b>	Subtract line 16 from line 14. If zero or less, enter -0-	<b>17</b>	0
<b>18</b>	Add lines 7 and 17	<b>18</b>	0
<b>19</b>	Enter the loss, if any, from line 17a of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16a, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 19 through 24 and enter on line 25 the amount from line 18.	<b>19</b>	
<b>20</b>	Section 1202 exclusion. Enter as a positive number	<b>20</b>	
<b>21</b>	Subtract line 20 from line 19. If zero or less, enter -0-	<b>21</b>	0
<b>22</b>	Enter the loss, if any, from line 18 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 17 of Schedule D (Form 1041).) Enter as a positive number	<b>22</b>	
<b>23</b>	If line 21 is more than line 22, enter the difference; otherwise, enter -0-	<b>23</b>	0
<b>24</b>	If line 22 is more than line 21, enter the difference; otherwise, enter -0-	<b>24</b>	0
<b>25</b>	Subtract line 23 from line 18. If zero or less, enter -0-	<b>25</b>	0
<b>26</b>	NOL deduction for losses from other years. Enter as a positive number	<b>26</b>	
<b>27</b>	NOL. Combine lines 3, 4, 12, 20, 24, 25, and 26. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you do not have an NOL	<b>27</b>	(1,921)

KBA

Form 1045A (2003)

**PA-40 - 2003**  
**Pennsylvania Income Tax Return**  
 ENTER ONE LETTER OR NUMBER IN EACH BOX.  
 Do Not Use Your Preprinted Label

CATANZARO

DAVID

J Occupation MUSICIAN

Occupation

626 PENN AVE

MAYFIELD

PA 18433

570 876 1009

35460

N Extension.

N Amended Return.

R Residency Status.  
 PA Resident/Nonresident/Part-Year Resident  
 from 01/03 to 12/03

S Single/Married, Filing Jointly/Married,  
 Filing Separately/ Final Return/Deceased  
 Date of Death

N Farmers.

1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.

1b Unreimbursed Employee Business Expenses.

1c Net Compensation. Subtract Line 1b from Line 1a.

2 Interest Income. Complete and submit **PA Schedule A** if over \$2,500.

3 Dividend Income. Complete and submit **PA Schedule B** if over \$2,500.

4 Net Income or Loss from the Operation of a Business, Profession, or Farm. LOSS Y

5 Net Gain or Loss from the Sale, Exchange, or Disposition of Property. LOSS N

6 Net Income or Loss from Rents, Royalties, Patents, or Copyrights. LOSS N

7 Estate or Trust Income. Complete and submit **PA Schedule J**.

8 Gambling and Lottery Winnings.

9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7, and 8. DO NOT ADD any losses reported on Lines 4, 5, or 6.

10 **Medical Savings Account. CAUTION.** Do not deduct medical expenses or insurance. See the instructions.

11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1a	0
1b	0
1c	0
2	0
3	0
4	-3721
5	0
6	0
7	0
8	0
9	0
10	0
11	0

E

EC

Page 1 of 2

FC

PA-40 - 2003  
Social Security Number

Name(s) DAVID J CATANZARO

12 PA Tax Liability. Multiply Line 11 by the tax rate shown on the Form PA-V insert.

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2002 PA Income Tax return.

15 2003 Estimated Installment Payments.

16 2003 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16, and 17.

**TAX BACK/Tax Forgiveness Credit.**

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Part B, Line 2, PA Schedule SP

20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21 TAX BACK/Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13 and 18, 21, 22, and 23.

25 TAX DUE. If Line 12 is more than Line 24, enter the difference here.

26 Penalties and Interest. See the instructions.

27 TOTAL PAYMENT. Add Lines 25 and 26.

28 OVERPAYMENT. If Line 24 is more than the total of Line 12 and Line 26, enter the difference here.

The total of Lines 29 through 35 must equal Line 28.

29 Refund - Amount of Line 28 you want as a check mailed to you.

Refund

30 Credit - Amount of Line 28 you want as a credit to your 2004 estimated account.

31 Amount of Line 28 you want to donate to the Wild Resource Conservation Fund.

32 Amount of Line 28 you want to donate to the United States Olympic Committee.

33 Amount of Line 28 you want to donate to the Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund.

34 Amount of Line 28 you want to donate to the Korea/Vietnam Memorial Inc.

35 Amount of Line 28 you want to donate to the Breast and Cervical Cancer Research Fund.

12	0
13	0
14	0
15	0
16	0
17	0
18	0
19 a	00
19 b	00
20	0
21	0
22	0
23	0
24	0
25	0
26	0
27	0
28	0
29	0
30	0
31	0
32	0
33	0
34	0
35	0

Your Signature

Date

Spouse's Signature, if filing jointly

Date

FOR INFORMATION ONLY

FOR INFORMATION ONLY

Preparer or Company Name, other than taxpayer(s), based on all information of which the preparer has any knowledge. (Please Print)

H R BLOCK

Date

Preparer telephone number

04/14/04

(570) 282-3311

## PA SCHEDULE SP

0301120010

Special TAX BACK/Tax  
Forgiveness

PA-40 Schedule SP (09-03) 2003

OFFICIAL USE ONLY

Name of taxpayer claiming TAX BACK/Tax Forgiveness (if filing a PA-40 jointly, enter the name shown first)

DAVID J CATANZARO

Social Security Number

Spouse's Name (even if filing separately)

Spouse's Social Security Number

## Part A. Filing Status for TAX BACK/Tax Forgiveness.

☒ **Unmarried.** Fill in the Unmarried box on Line 19a of your PA-40, and the box that describes your situation.☒ Single. Unmarried on December 31, 2003. Check this box if divorced.☐ Single and claimed as a dependent on another person's separate PA Schedule SP. Enter the other person's name(s) and SSN(s).

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_ Name(s): \_\_\_\_\_

☐ **Separated.** Fill in the Unmarried box on Line 19a of your PA-40, only if: (a) you are separated pursuant to a written agreement and lived apart for the last six months of 2003, or (b) you were married, but separated and lived apart for the last six months of 2003.☐ **Married.** Fill in the Married box on Line 19a of your PA-40, and enter your spouse's SSN and name above. Check the box that describes your situation.☐ Married and claiming TAX BACK/Tax Forgiveness together with my spouse.☐ Married and filing separate PA tax returns. ☐ **Certification.** Check this box certifying that you and your spouse are submitting the same information on each PA Schedule SP.☐ Married with a spouse who is a dependent on another person's PA Schedule SP or Federal Income Tax return. Enter the SSN(s) and name(s) of the person claiming your spouse.

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_ Name(s): \_\_\_\_\_

☐ Separated and living apart from my spouse, but for less than the last six months of 2003. Enter spouse's SSN and name above.☐ **Deceased.** Fill in the Deceased box on Line 19a of your PA-40. You must annualize the decedent's income - see the instructions. Fill in the Decedent's box in Part C. Briefly explain the method you used to annualize the claimant's income here:

## Part B. Dependent Children. Provide all of the information for each dependent child. Submit additional sheets in this format if needed.

1.	Dependent's Name	Age	Relationship	Social Security No.

**Important:** Only claim the child or children that you claimed as your dependent(s) on your 2003 Federal Income Tax Return.

2. Number of dependent children for PA Schedule SP. Enter on Line 19b of your PA-40

2. 

## Part C. Eligibility Income. If Unmarried or Separated, or for a Decedent, use the Your Income column.

Check to show that you are reporting the decedent's annualized income. ☐

If Married, use the Your Income and Spouse Income columns. Add the totals and use the Joint Income total. Report income that is not taxable for PA purposes on Lines 2 through 10. See the instructions.

		Your	Spouse	
1. PA Taxable Income from your PA-40	1.	000		
2. Nontaxable interest, dividends and gains	2.	000		
3. Alimony	3.	000		
4. Insurance proceeds and inheritances	4.	000		
5. Gifts, awards, and prizes	5.	000		
6. Nonresident income - Part-year residents and nonresidents	6.	000		
7. Nontaxable military income. Do not include combat pay	7.	000		
8. Gain excluded from the sale of a residence	8.	000		
9. Nontaxable educational assistance	9.	000		
10. Cash received for personal purposes from outside your home	10.	000		

The Eligibility  
Income Tables are  
on page 30.**Unmarried or Separated-**  
Use Eligibility Income Table 1**Decedent-**  
Use Eligibility Income Table 1**Married-**  
Use Eligibility Income Table 211. **Total Eligibility Income.** Add Lines 1 through 10.

Enter on Line 20 of your PA-40

Total	Total	Joint Income
000		

## Part D. Calculating Your TAX BACK/Tax Forgiveness.

12. PA Tax Liability, from your PA-40, Line 12	12.	000
13. Less Resident Credit, from your PA-40, Line 22	13.	000
14. Net PA Tax Liability. Subtract Line 13 from Line 12	14.	000
15. Percentage of TAX BACK/Tax Forgiveness from the Eligibility Income Table using your dependents from Part B and your Eligibility Income from Line 11	1. 00	Enter the decimal.
16. TAX BACK/Tax Forgiveness Credit. Multiply Line 14 by the decimal on Line 15. Enter on Line 21 of your PA-40	16.	000

0301120010

0301120010



# PA Schedule C

Profit or Loss From  
Business or Profession

(SOLE PROPRIETORSHIP)

PA- 40 C (09- 03)

PA DEPARTMENT OF REVENUE 2003

0303110043

Attach to form PA- 40, PA- 20S/PA- 65, or PA- 41

OFFICIAL USE ONLY

Name of owner as shown on PA tax return.

DAVID J CATANZARO

Owner's

Social Security Number

A Main business activity ▶ EVANGELIST

; product or service ▶ SERVICE

B Business Name ▶ DAVE CATANZARO ONE VOICE MINISTRIES

C Employer Identification Number

D Business address (number and street) 626 PENN AVE

City, State, and ZIP Code ▶ MAYFIELD, PA 18433

C

E Method(s) used to value closing inventory, check the appropriate box:

Sales Tax License Number (if applicable)

(1) ☒ Cost (2) ☐ Lower of cost or market

(3) ☐ Other (if other, attach explanation)

F Accounting method, check the appropriate box: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

Yes	No
	X
	X

G Was there any change in determining quantities, costs, or valuations between opening and closing inventory? . . . . .

If "Yes," attach explanation.

H Did you deduct expenses for an office in your home? . . . . .

## PART I Income

1 a Gross receipts or sales . . . . .	1a	7,22900	
b Returns and allowances . . . . .	1b	000	
c Balance (subtract Line 1b from Line 1a) . . . . .	1c	7,22900	
2 Cost of goods sold and/or operations (Schedule C- 1, Line 8) . . . . .	2	000	
3 Gross profit (subtract Line 2 from Line 1c) . . . . .	3	7,22900	
4 Other income (attach schedule) Include interest from accounts receivable, business checking accounts, and other business accounts. Also include sales of operational assets. See Instructions Booklet . . . . .	4	000	
5 Total income (add Lines 3 and 4) . . . . .	5	7,22900	

## PART II Deductions

6 Advertising . . . . .		30 Utilities . . . . .	
7 Amortization . . . . .		31 Wages . . . . .	
8 Bad debts from sales or services . . . . .		32 Other expenses (specify):	
9 Bank charges . . . . .		a LONG DISTANCE P	28300
10 Car and truck expenses . . . . .	4,33800	b VISA MC FEES	5900
11 Commissions . . . . .		c POSTAGE	5200
12 Cost depletion but not percentage depletion . . . . .		d	
13 Depreciation (see the instructions) . . . . .		e	
14 Dues and publications . . . . .		f	
15 Employee benefit programs other than on Line 22 . . . . .		g	
16 Freight (not included on Schedule C- 1) . . . . .		h	
17 Insurance . . . . .	25200	i	
18 Interest on business indebtedness . . . . .		j	
19 Laundry and cleaning . . . . .		k	
20 Legal and professional services . . . . .	10000	l	
21 Office supplies . . . . .		m	
22 Pension and profit-sharing plans for employees . . . . .		n	
23 Postage . . . . .		o	
24 Rent on business property . . . . .		p	
25 Repairs . . . . .		q	
26 Supplies (not included on Schedule C- 1) . . . . .	1,86700	32 Total other expenses . . . . .	39400
27 Taxes . . . . .		33 Total Expenses. Add Lines 6 through 32 . . . . .	10,95000
28 Telephone . . . . .		34 Reduce expenses by the total business credits claimed (for example, Employment Incentive Payments Credit) on your PA- 40. . . . .	000
29 Travel and entertainment . . . . .	3,99900		
35 Total Adjusted Expenses deductions Subtract Line 34 from Line 33 . . . . .		35	10,95000

36 Net profit or loss (subtract Line 35 from Line 5). If a net loss, check the box. Enter the result on your PA tax return ☒ Loss 36 -3,72100

## PA Schedule C

0303220040

PA-40 C (09-02)

PA DEPARTMENT OF REVENUE

OFFICIAL USE ONLY

Name of owner as shown on PA tax return.

Social Security Number

DAVID J CATANZARO

**SCHEDULE C-1 Cost of Goods Sold and/or Operations**

1	Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	1	000
2	a Purchases	2a	
	b Cost of items withdrawn for personal use	2b	
	c Balance (subtract Line 2b from Line 2a)	2c	
3	Cost of labor (do not include salary paid to yourself)	3	
4	Materials and supplies	4	
5	Other costs (attach schedule)	5	
6	Add Lines 1, 2c, 3, 4, and 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Part 1, Line 2	8	000

**SCHEDULE C-2 Depreciation**

PA PIT law does not permit the bonus depreciation elections added to the Internal Revenue Code in 2002 and 2003. PA PIT law limits IRC section 179 current expensing to the expensing allowed at the time you placed the asset into service or the expensing in effect under the IRC of 1986. For each asset, you must also report straight-line depreciation, unless not using an optional accelerated depreciation method. You need the amount of straight-line depreciation if you need to take advantage of Pennsylvania's Tax Benefit Rule when you sell the asset. See the **PA PIT Guide for the Tax Benefit Rule**.

Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery & other equipment						
Other (specify)						
3 Totals					3	
4 Any depreciation included in Schedule C-1					4	
5 Balance (subtract Line 4 from Line 3) Enter here and on Part II, Line 13					5	

**SCHEDULE C-3 Expense Information**

If you incur any of these expenses, enter the amount of the expense and describe in an itemized statement the kinds of costs incurred and the business purpose. Only include in Part II those expenses that are ordinary, necessary, directly-related, and incurred in operating the business. You may never deduct any personal expenses.

	Total	Business
A. Entertainment facility (boat, resort, ranch, etc.)	\$	\$
B. Living accommodations (except employees on business)	\$	\$
C. Vacations for yourself, your employees, or their families.	\$	\$

Declaration Control Number (DCN)

00-230662- -4

Taxpayer's Name

CATANZARO DAVID J

Social Security Number

[REDACTED]

Spouse's Name

Spouse's Social Security Number

**PART I Tax Return Information - Tax Year Ending December 31, 2003 (Whole Dollars Only)**

1. Adjusted PA Taxable Income (Form PA- 40, line 11)	1.	0
2. PA Tax Liability (Form PA- 40, line 12)	2.	0
3. Total PA Tax Withheld (Form PA- 40, line 13)	3.	0
4. Refund (Form PA- 40, line 29)	4.	0
5. Total Payment (Tax Due) (Form PA- 40, line 27)	5.	0

**PART II Declaration and Signature Authorization of Taxpayer**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2003 PA Tax Return (Form PA- 40), and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return, acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on my copy of my electronic tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: (Check one box only)

☒ I authorize HR Block to enter my PIN 19052 as my signature on my tax year 2003 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2003 electronically filed income tax return.

Your signature COPY ONLY Date 04/14/2004

Spouse's PIN: (Check one box only)

☐ I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature on my tax year 2003 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2003 electronically filed income tax return.

Spouse's signature COPY ONLY Date \_\_\_\_\_**Practitioner PIN Program Participants Only - Continue Below****PART III Certification and Authentication - Practitioner PIN Program**ERO's EFIN/PIN. Enter your six- digit EFIN followed by your five- digit self- selected PIN 23066201402

As a participant in the Practitioner PIN Program, I certify that the above numeric entry is my PIN, which is my signature on the tax year 2003 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature [Signature]Date 4/14/04**ERO Must Retain This Form and the Supporting Documents for three (3) years.****DO NOT SUBMIT THIS FORM TO PENNSYLVANIA**

## Label

Use the IRS  
label.  
Otherwise,  
please print  
or type.

For the year Jan. 1- Dec. 31, 2004, or other tax year beginning 2004, ending 20

DAVID J CATANZARO  
SHABIDA CATANZARO  
286 UPPER POWDERLY ST  
CARBONDALE, PA 18407

OMB No. 1545-0074

Your social security number

Spouse's social security number

UNABLE

▲ Important! ▲  
You must enter your SSN(s) above.Presidential  
Election Campaign

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You

☐ Yes ☒ No

Spouse

☐ Yes ☐ No

## Filing Status

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)4 ☐ Head of household (with qualifying person). (See page 17.)Check only  
one box.3 ☐ Married filing separately. Enter spouse's SSN above & full name below.If the qualifying person is a child but not your dependent, enter this  
child's name here.5 ☐ Qualifying widow(er) with dependent child (see page 17)

## Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☒ SpouseBoxes checked  
on 6a and 6b 2

## c Dependents:

(1) First name Last name

(2) Dependent's  
social security number(3) Dependent's  
relationship to  
you(4) ☒ if qual.  
child for  
child tax cr.No. of children  
on 6c who:  
• lived with you  
• did not live with you  
due to divorce,  
or separationIf more than four  
dependents,  
see page 18.Dependents  
on 6c not  
entered above

d Total number of exemptions claimed

Add numbers  
on lines  
above

## Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 20)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain/(loss). Attach Sch D. If not required check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a

b Taxable amt

16a Pensions and annuities

16a

b Taxable amt

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amt

21 Other income. List type and amount (see page 24)

NOL (1,921.)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

21

(1,921.)

22

(2,802.)

Adjusted  
Gross  
Income

23 Educator expenses (see page 26)

23

24 Certain business expenses for reservists, performing artists, and  
fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 IRA deduction (see page 26)

25

26 Student loan interest deduction (see page 28)

26

27 Tuition and fees deduction (see page 29)

27

28 Health savings account deduction. Attach Form 8889

28

29 Moving expenses. Attach Form 3903

29

30 One-half of self-employment tax. Attach Schedule SE

30

31 Self-employed health insurance deduction (see page 30)

31

32 Self-employed SEP, SIMPLE, and qualified plans

32

33 Penalty on early withdrawal of savings

33

34a Alimony paid b Recipient's SSN

34a

35 Add lines 23 through 34a

35

36 Subtract line 35 from line 22. This is your adjusted gross income

36

(2,802.)

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 75.

## Tax and Credits

## Standard Deduction for -

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.

## • All others:

Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37 Amount from line 36 (adjusted gross income)

38a Check ☐ You were born before January 2, 1940, if: ☐ Spouse was born before January 2, 1940,Blind. ☐ Blind. ☐

Total boxes checked ▶ 38a

b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 &amp; check here ▶ 38b

39 Itemized deductions (from Schedule A) or your standard deduction (see left margin)

40 Subtract line 39 from line 37

41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33

42 Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter - 0-

43 Tax. Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972

44 Alternative minimum tax (see page 35). Attach Form 6251

45 Add lines 43 and 44

46 Foreign tax credit. Attach Form 1116 if required

47 Credit for child and dependent care expenses. Attach Form 2441

48 Credit for the elderly or the disabled. Attach Schedule R

49 Education credits. Attach Form 8863

50 Retirement savings contributions credit. Attach Form 8880

51 Child tax credit (see page 37)

52 Adoption credit. Attach Form 8839

53 Credits from: a ☐ Form 8396 b ☐ Form 885954 Other credits. Check applicable box(es): a ☐ Form 3800b ☐ Form 8801 c ☐ Specify

55 Add lines 46 through 54. These are your total credits

56 Subtract line 55 from line 45. If line 55 is more than line 45, enter - 0-

## Other Taxes

57 Self-employment tax. Attach Schedule SE

58 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required

60 Advance earned income credit payments from Form(s) W-2

61 Household employment taxes. Attach Schedule H

62 Add lines 56 through 61. This is your total tax

## Payments

63 Federal income tax withheld from Forms W-2 and 1099

64 2004 estimated tax payments &amp; amount applied from 2003 return

65a Earned income credit (EIC)

NQ

b Nontaxable combat pay election ▶ 65b

66 Excess social security and tier 1 RRTA tax withheld (see page 54)

67 Additional child tax credit. Attach Form 8812

68 Amount paid with request for extension to file (see page 54)

69 Other payments from: a ☐ Form 2439 b ☐ Form 4138 c ☐ Form 8885

70 Add lines 63, 64, 65a, &amp; 66 through 69. These are your total payments

## Refund

Direct deposit?  
See page 54  
and fill in 72b,  
72c, and 72d.

71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid

72a Amount of line 71 you want refunded to you

▶ b Routing number XXXXXXXXXX ▶ c Type: ☒ Checking ☐ Savings

▶ d Account number XXXXXXXXXXXXXXXXXXXX

73 Amount of line 71 you want applied to your 2005 estimated tax ▶ 73

## Amount

74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55

## You Owe

75 Estimated tax penalty (see page 55)

## Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☒ Yes. Complete the following. ☐ No

Designee's name

▶ HR BLOCK

Phone no.

▶ (570) 282-3311

Personal ID number

(PIN) ▶ 36939

## Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

9-15-05

Your occupation

MUSICIAN

Daytime phone number

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

HOMEMAKER

## Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP code

H AND R BLOCK

CARBONDALE, PA 18407

Date

4/15/2005

Check if

self-employed ☐

Preparer's SSN or PTIN

P00496125

EIN 23-2223111

Phone no. (570) 282-3311

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2004**  
Attachment  
Sequence No. **09**

► Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.  
► Attach to Form 1040 or 1041. ► See Instructions for Schedule C (Form 1040).

Name of proprietor

**DAVID J CATANZARO**

Social security number (SSN)

**A** Principal business or profession, including product or service (see page C-2 of the instructions)

**EVANGELIST : SERVICE**

**B** Enter code from pages C-7, 8, & 9

► **711510**

**C** Business name. If no separate business name, leave blank.

**DAVE CATANZARO ONE VOICE MINISTRIES**

**D** Employer ID number (EIN), if any

**E** Business address (including suite or room no.) ► **286 UPPER POWDERLY ST**

City, town or post office, state, and ZIP code **CARBONDALE, PA 18407**

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

**G** Did you "materially participate" in the operation of this business during 2004? If "No," see page C-3 for limit on losses

☒ Yes ☐ No

**H** If you started or acquired this business during 2004, check here

**Part I Income**

<b>1</b> Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here	<input type="checkbox"/>	<b>1</b>	<b>9,911.</b>
<b>2</b> Returns and allowances		<b>2</b>	
<b>3</b> Subtract line 2 from line 1		<b>3</b>	<b>9,911.</b>
<b>4</b> Cost of goods sold (from line 42 on page 2)		<b>4</b>	
<b>5</b> Gross profit. Subtract line 4 from line 3		<b>5</b>	<b>9,911.</b>
<b>6</b> Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)		<b>6</b>	
<b>7</b> Gross income. Add lines 5 and 6		<b>7</b>	<b>9,911.</b>

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising	<b>8</b>	<b>4,117.</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>9</b> Car and truck expenses (see page C-3)	<b>9</b>	<b>3,299.</b>	<b>20</b> Rent or lease (see page C-5):		
<b>10</b> Commissions and fees	<b>10</b>	<b>193.</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>11</b> Contract labor (see page C-4)	<b>11</b>		<b>b</b> Other business property	<b>20b</b>	
<b>12</b> Depletion	<b>12</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	<b>13</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	<b>454.</b>
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>24</b> Travel, meals, and entertainment:		
<b>16</b> Interest:			<b>a</b> Travel	<b>24a</b>	
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>b</b> Meals and entertainment		<b>1,700.</b>
<b>b</b> Other	<b>16b</b>		<b>c</b> Enter nondeductible amount included on line 24b (see page C-5)		<b>850.</b>
<b>17</b> Legal and professional services	<b>17</b>	<b>100.</b>	<b>d</b> Subtract line 24c from line 24b	<b>24d</b>	<b>850.</b>
<b>18</b> Office expense	<b>18</b>		<b>25</b> Utilities	<b>25</b>	
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27 in columns			<b>26</b> Wages (less employment credits)	<b>26</b>	
			<b>27</b> Other expenses (from line 48 on page 2)	<b>27</b>	<b>1,779.</b>
				<b>28</b>	<b>10,792.</b>
<b>29</b> Tentative profit (loss). Subtract line 28 from line 7				<b>29</b>	<b>(881.)</b>
<b>30</b> Expenses for business use of your home. Attach <b>Form 8829</b>				<b>30</b>	
<b>31</b> Net profit or (loss). Subtract line 30 from line 29.				<b>31</b>	<b>(881.)</b>

• If a profit, enter on **Form 1040, line 12**, and also on **Schedule SE, line 2** (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

**32** If you have a loss, check the box that describes your investment in this activity (see page C-6).

• If you checked 32a, enter the loss on **Form 1040, line 12**, and also on **Schedule SE, line 2** (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach **Form 6198**.

**32a** ☒ All investment is at risk.

**32b** ☐ Some investment is not at risk.

**KBA** For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2004

**PA - 40 - 2004**  
**Pennsylvania Income Tax Return**  
 ENTER ONE LETTER OR NUMBER IN EACH BOX.  
 Do Not Use Your Preprinted Label

UNABLE

CATANZARO

DAVID J Occupation MUSICIAN

SHABIDA Occupation HOMEMAKER

CATANZARO

286 UPPER POWDERLY ST

CARBONDALE PA 18407

570 282 4889 35460

N Extension.

N Amended Return.

R Residency Status.  
 PA Resident/Nonresident/Part-Year Resident  
 from 01/04 to 12/04

J Single/Married, Filing Jointly/Married,  
 Filing Separately/ Final Return/Deceased  
 Date of Death

N Farmers.

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
- 1b Unreimbursed Employee Business Expenses.
- 1c Net Compensation. Subtract Line 1b from Line 1a.
- 2 Interest Income. Complete and submit **PA Schedule A** if required.
- 3 Dividend and Capital Gains Distribution Income. Complete **PA Schedule B** if required.
- 4 Net Income or Loss from the Operation of a Business, Profession, or Farm.
- 5 Net Gain or Loss from the Sale, Exchange, or Disposition of Property.
- 6 Net Income or Loss from Rents, Royalties, Patents, or Copyrights.
- 7 Estate or Trust Income. Complete and submit **PA Schedule J**.
- 8 Gambling and Lottery Winnings.
- 9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7, and 8. DO NOT ADD any losses reported on Lines 4, 5, or 6.
- 10 **Medical Savings Account. CAUTION.** See the instructions. Enter the amount from your Federal Income Tax return. Do not deduct medical expenses or insurance.
- 11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1a	0
1b	0
1c	0
2	0
3	0
4	-1731
5	0
6	0
7	0
8	0
9	0
10	0
11	0

E

EC

Page 1 of 2

FC

PA - 40 - 2004  
Social Security Number

Name(s) DAVID & SHABIDA CATANZARO

12 **PA Tax Liability.** Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2003 PA Income Tax return.

15 2004 Estimated Installment Payments.

16 2004 Extension Payment.

17 Nonresident Tax Withheld from your **PA Schedule(s) NRK- 1.** (Nonresidents only)

18 **Total Estimated Payments and Credits.** Add Lines 14, 15, 16, and 17.

**Tax Forgiveness Credit.**

19a Filing Status: **01 Unmarried or Separated** **02 Married** **03 Deceased**

19b Dependents, Part B, Line 2, **PA Schedule SP**

20 Total Eligibility Income from Part C, Line 11, **PA Schedule SP.**

21 **Tax Forgiveness Credit** from Part D, Line 16, **PA Schedule SP.**

22 Resident Credit. Submit your **PA Schedule(s) G** and/or **RK- 1.**

23 Total Other Credits. Submit your **PA Schedule OC.**

24 **TOTAL PAYMENTS and CREDITS.** Add Lines 13 and 18, 21, 22, and 23.

25 **TAX DUE.** If Line 12 is more than Line 24, enter the difference here.

26 Penalties and Interest. See the instructions.

If attaching form REV- 1630, mark the box.

N

27 **TOTAL PAYMENT.** Add Lines 25 and 26.

28 **OVERPAYMENT.** If Line 24 is more than the total of Line 12 and Line 26, enter the difference here.

**The total of Lines 29 through 35 must equal Line 28.**

29 **Refund -** Amount of Line 28 you want as a check mailed to you.

Refund

30 **Credit -** Amount of Line 28 you want as a credit to your 2005 estimated account.

31 Amount of Line 28 you want to donate to the **Wild Resource Conservation Fund.**

32 Amount of Line 28 you want to donate to the **United States Olympic Committee.**

33 Amount of Line 28 you want to donate to the **Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund.**

34 Amount of Line 28 you want to donate to the **Korea/Vietnam Memorial Inc.**

35 Amount of Line 28 you want to donate to the **Breast and Cervical Cancer Research Fund.**

12	0
13	0
14	0
15	0
16	0
17	0
18	0
19a	00
19b	00
20	0
21	0
22	0
23	0
24	0
25	0
26	0
27	0
28	0
29	0
30	0
31	0
32	0
33	0
34	0
35	0

Your Signature

Date

Spouse's Signature, if filing jointly

Date

Preparer or Company Name, other than taxpayer(s), based on all information of which the preparer has any knowledge. (Please Print)

Date

Preparer telephone number

H AND R BLOCK

04/15/05

(570) 282-3311



## PA Schedule C

0403110042

Profit or Loss From  
Business or Profession  
(SOLE PROPRIETORSHIP)  
PA-40C (09-04)

PA DEPARTMENT OF REVENUE 2004 Attach to form PA-40, PA-20S/PA-65, or PA-41

OFFICIAL USE ONLY

Name of owner as shown on PA tax return <b>DAVID J CATANZARO</b>		Owner's Social Security Number [REDACTED]
A. Main business activity ▶ <b>EVANGELIST</b>		; product or service ▶ <b>SERVICE</b>
B. Business Name ▶ <b>DAVE CATANZARO ONE VOICE MINISTRIES</b>		C Employer Identification Number
D. Business address (number and street) <b>286 UPPER POWDERLY ST</b>		
City, State, and ZIP Code ▶ <b>CARBONDALE, PA 18407</b>		<b>C</b>
E. Method(s) used to value closing inventory, check the appropriate box: (1) <input checked="" type="checkbox"/> Cost (2) <input type="checkbox"/> Lower of cost or market (3) <input type="checkbox"/> Other (if other, attach explanation)		

Sales Tax License Number (if applicable)

F. Accounting method, check the appropriate box: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	Yes	No
G. Was there any change in determining quantities, costs, or valuations between opening and closing inventory? . . . . .		<input checked="" type="checkbox"/>
If "Yes," attach explanation.		
H. Did you deduct expenses for an office in your home? . . . . .	<input checked="" type="checkbox"/>	

**PART I Income**

1. a. Gross receipts or sales . . . . .	1a.	<b>9,91100</b>	
b. Returns and allowances . . . . .	1b.	<b>000</b>	
c. Balance (subtract Line 1b from Line 1a) . . . . .	1c.	<b>9,91100</b>	
2. Cost of goods sold and/or operations (Schedule C-1, Line 8) . . . . .	2.	<b>000</b>	
3. Gross profit (subtract Line 2 from Line 1c) . . . . .	3.	<b>9,91100</b>	
4. Other income (attach schedule) Include interest from accounts receivable, business checking accounts, and other business accounts. Also include sales of operational assets. See Instructions Booklet . . . . .	4.	<b>000</b>	
5. Total income (add Lines 3 and 4) . . . . .	5.	<b>9,91100</b>	

**PART II Deductions**

6. Advertising . . . . .	<b>4,11700</b>	29. Travel and entertainment . . . . .	<b>1,70000</b>
7. Amortization . . . . .		30. Utilities . . . . .	
8. Bad debts from sales or services . . . . .		31. Wages . . . . .	
9. Bank charges . . . . .		32. Other expenses (specify):	
10. Car and truck expenses . . . . .	<b>3,29900</b>	a. <b>LONG DISTANCE P</b>	<b>39000</b>
11. Commissions . . . . .	<b>19300</b>	b. <b>POSTAGE</b>	<b>21700</b>
12. Cost depletion but not percentage depletion . . . . .		c. <b>RECORDING COSTS</b>	<b>88700</b>
13. a. Regular depreciation . . . . .		d. <b>INTERNET WEBSIT</b>	<b>28500</b>
13. b. Section 179 expense . . . . .		e. . . . .	
14. Dues and publications . . . . .		f. . . . .	
15. Employee benefit programs other than on Line 22 . . . . .		g. . . . .	
16. Freight (not included on Schedule C-1) . . . . .		h. . . . .	
17. Insurance . . . . .		i. . . . .	
18. Interest on business indebtedness . . . . .		j. . . . .	
19. Laundry and cleaning . . . . .		k. . . . .	
20. Legal and professional services . . . . .	<b>10000</b>	l. . . . .	
21. Office supplies . . . . .		m. . . . .	
22. Pension and profit-sharing plans for employees . . . . .		n. . . . .	
23. Postage . . . . .		o. . . . .	
24. Rent on business property . . . . .		32. Total other expenses . . . . .	<b>1,77900</b>
25. Repairs . . . . .		33. Total Expenses. (add Lines 6 through 32.)	<b>11,64200</b>
26. Supplies (not included on Schedule C-1) . . . . .	<b>45400</b>	34. Reduce expenses by the total business credits claimed (for example, Employment Incentive Payments Credit) on your PA-40.	<b>000</b>
27. Taxes . . . . .			
28. Telephone . . . . .			
35. Total Adjusted Expenses deductions Subtract Line 34 from Line 33 . . . . .		35.	<b>11,64200</b>
36. Net profit or loss (subtract Line 35 from Line 5). If a net loss, check the box. Enter the result on your PA tax return . . . . .	<input checked="" type="checkbox"/> Loss	36.	<b>-1,73100</b>

Name of owner as shown on PA tax return.

Social Security Number

DAVID J CATANZARO

**SCHEDULE C-1 Cost of Goods Sold and/or Operations**

1. Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	1.	000
2. a. Purchases	2a.	
b. Cost of items withdrawn for personal use	2b.	
c. Balance (subtract Line 2b from Line 2a)	2c.	
3. Cost of labor (do not include salary paid to yourself)	3.	
4. Materials and supplies	4.	
5. Other costs (attach schedule)	5.	
6. Add Lines 1, 2c, 3, 4, and 5	6.	
7. Inventory at end of year	7.	
8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Part 1, Line 2	8.	000

**SCHEDULE C-2 Depreciation**

PA PIT law does not permit the bonus depreciation elections added to the Internal Revenue Code in 2002 and 2003. PA PIT law limits IRC section 179 current expensing to the expensing allowed at the time you placed the asset into service or the expensing in effect under the IRC of 1986. For each asset, you must also report straight-line depreciation, unless not using an optional accelerated depreciation method. You need the amount of straight-line depreciation if you need to take advantage of Pennsylvania's Tax Benefit Rule when you sell the asset. See the **PA PIT Guide for the Tax Benefit Rule**.

Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
1. Total additional first-year depreciation (do not include in items below)						
2. Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery & other equipment						
Other (specify)						
3. Totals					3	
4. Any depreciation included in Schedule C-1					4	
5. Balance (subtract Line 4 from Line 3). Enter here and on Part II, Line 13					5	

**SCHEDULE C-3 Expense Information**

If you incur any of these expenses, enter the amount of the expense and describe in an itemized statement the kinds of costs incurred and the business purpose. Only include in Part II those expenses that are ordinary, necessary, directly-related, and incurred in operating the business. You may never deduct any personal expenses.

	Total	Business
A. Entertainment facility (boat, resort, ranch, etc.)	\$	\$
B. Living accommodations (except employees on business)	\$	\$
C. Vacations for yourself, your employees, or their families.	\$	\$

## Label

Use the IRS  
label.  
Otherwise,  
please print  
or type.

For the year Jan. 1- Dec. 31, 2005, or other tax year beginning 2005, ending 20

OMB No. 1545-0074

DAVID J CATANZARO  
SHABIDA CATANZARO  
286 UPPER POWDERLY STREET  
CARBONDALE, PA 18407

Your social security number

Spouse's social security number  
APPLIEDYou MUST enter  
your SSN(s) above.  
Checking a box below will not  
change your tax or refund.

## Presidential

Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

You Spouse

## Filing Status

- 1 ☐ Single 4 ☐ Head of household (with qualifying person). (See page 17.)  
2 ☒ Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this  
3 ☐ Married filing separately. Enter spouse's SSN above & full name below. child's name here.  
5 ☐ Qualifying widow(er) with dependent child (see page 17)

## Exemptions

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a } Boxes checked on 6a and 6b 1  
b ☐ Spouse } No. of children on 6c who:  
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If qual. child for child tax cr. • lived with you  
• did not live with you due to divorce or separation  
Dependents on 6c not entered above  
Add numbers on lines above 1

If more than four  
dependents,  
see page 19.

d Total number of exemptions claimed

## Income

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7  
8a Taxable interest. Attach Schedule B if required 8a  
b Tax-exempt interest. Do not include on line 8a 8b  
9a Ordinary dividends. Attach Schedule B if required 9a  
b Qualified dividends (see page 23) 9b  
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10  
11 Alimony received 11  
12 Business income or (loss). Attach Schedule C or C-EZ 12 322.  
13 Capital gain/(loss). Attach Sch D. If not required check here 13  
14 Other gains or (losses). Attach Form 4797 14  
15a IRA distributions 15a b Taxable amt 15b  
16a Pensions and annuities 16a b Taxable amt 16b  
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17  
18 Farm income or (loss). Attach Schedule F 18  
19 Unemployment compensation 19  
20a Social security benefits 20a b Taxable amt 20b  
21 Other income. List type and amount (see page 29) 21  
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 322.

Attach Form(s)  
W-2 here. Also  
attach Forms  
W-2G and  
1099-R if tax  
was withheld.If you did not  
get a W-2,  
see page 22.Enclose, but do  
not attach, any  
payment. Also,  
please use  
Form 1040-V.Adjusted  
Gross  
Income

- 23 Educator expenses (see page 29) 23  
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24  
25 Health savings account deduction. Attach Form 8889 25  
26 Moving expenses. Attach Form 3903 26  
27 One-half of self-employment tax. Attach Schedule SE 27  
28 Self-employed SEP, SIMPLE, and qualified plans 28  
29 Self-employed health insurance deduction (see page 30) 29  
30 Penalty on early withdrawal of savings 30  
31a Alimony paid b Recipient's SSN 31a  
32 IRA deduction (see page 31) 32  
33 Student loan interest deduction (see page 33) 33  
34 Tuition and fees deduction (see page 34) 34  
35 Domestic production activities deduction. Attach Form 8903 35  
36 Add lines 23 through 31a and 32 through 35 36  
37 Subtract line 36 from line 22. This is your adjusted gross income 37 322.

**Tax and Credits****Standard Deduction for -**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 36.

## • All others:

Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income)	38	322.
39a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 35 & check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10,000.
41	Subtract line 40 from line 38	41	(9,678.)
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	3,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	0.
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	0.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 41). Attach Form 8901 if required	52	
53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	0.

**Other Taxes**

58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	0.

**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2005 estimated tax payments & amount applied from 2004 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Add lines 64, 65, 66a, & 67 through 70. These are your total payments	71	0.

**Refund**

Direct deposit? See page 59 and fill in 73b, 73c, and 73d.

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	0.
73a	Amount of line 72 you want refunded to you	73a	
b	Routing number XXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number XXXXXXXXXXXXXXXXXXXX		
74	Amount of line 72 you want applied to your 2006 estimated tax	74	

**Amount You Owe**

75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75	
76	Estimated tax penalty (see page 60)	76	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☒ Yes. Complete the following. ☐ No

Designee's name **HR BLOCK** Phone no. **(570) 282-3311** Personal ID number **36939**

**Sign Here**

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<i>Richard A. Block</i>		<b>MUSICIAN</b>	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		<b>HOMEMAKER</b>	

**Paid Preparer's Use Only**

Preparer's signature <i>Richard A. Block</i>	Date <b>3/31/2006</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <b>P00097269</b>
Firm's name (or yours if self-employed), address, and ZIP code <b>H AND R BLOCK CARBONDALE, PA 18407</b>	EIN <b>23-2223111</b>	Phone no. <b>(570) 282-3311</b>	

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.  
► Attach to Form 1040 or 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

**2005**  
Attachment  
Sequence No. **09**

Name of proprietor <b>DAVID J CATANZARO</b>		Social security number (SSN) <b>[REDACTED]</b>
A Principal business or profession, including product or service (see page C-2 of the instructions) <b>EVANGELIST : SERVICE</b>		B Enter code from pages C-8, 9 & 10 <b>► 711510</b>
C Business name. If no separate business name, leave blank. <b>DAVE CATANZARO ONE VOICE MINISTRIES</b>		D Employer ID number (EIN), if any
E Business address (including suite or room no.) ► <b>286 UPPER POWDERLY STREET</b> City, town or post office, state, and ZIP code <b>CARBONDALE, PA 18407</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2005? If "No," see page C-3 for limit on losses <span style="float:right"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>		
H If you started or acquired this business during 2005, check here <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span>		

**Part I Income**

1 Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here. <span style="float:right"><input type="checkbox"/></span>	1	10,025.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	10,025.
4 Cost of goods sold (from line 42 on page 2)	4	
5 <b>Gross profit.</b> Subtract line 4 from line 3	5	10,025.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)	6	
7 <b>Gross income.</b> Add lines 5 and 6 <span style="float:right">►</span>	7	10,025.

**Part II Expenses.** Enter expenses for business use of your home only on line 30.

8 Advertising	8	119.	18 Office expense	18	732.
9 Car and truck expenses (see page C-3)	9	2,721.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see page C-5):	20	
11 Contract labor (see page C-4)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	75.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:	16		24 Travel, meals, and entertainment:	24	
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	393.
b Other	16b		b Deductible meals and entertainment (see page C-5)	24b	1,433.
17 Legal and professional services	17	100.	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	4,130.

28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns <span style="float:right">►</span>	28	9,703.
29 Tentative profit (loss). Subtract line 28 from line 7	29	322.
30 Expenses for business use of your home. Attach Form 8829	30	
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	322.
32 If you have a loss, check the box that describes your investment in this activity (see page C-6). • If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.
	32b	<input type="checkbox"/> Some investment is not at risk.

KBA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 2005

**Part III Cost of Goods Sold** (see page C-6)

33 Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-4 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ► 4/15/2002

44 Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your vehicle for:

a Business 6280 b Commuting (see inst) 0 c Other 8944

45 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

46 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

LONG DISTANCE PHONE	184.
POSTAGE	123.
RECORDING COSTS	3,524.
INTERNET WEBSITE	299.
48 Total other expenses. Enter here and on page 1, line 27	48 4,130.

**PA - 40 - 2005**  
**Pennsylvania Income Tax Return**  
**ENTER ONE LETTER OR NUMBER IN EACH BOX.**  
**Do Not Use Your Preprinted Label**

APPLIED

CATANZARO

DAVID J Occupation MUSICIAN

SHABIDA Occupation HOMEMAKER

CATANZARO

286 UPPER POWDERLY STREET

CARBONDALE PA 18407

570 282 4889 35460

N Extension.

N Amended Return.

R Residency Status.  
 PA Resident/Nonresident/Part- Year Resident  
 from 01/05 to 12/05

J Single/ Married, Filing Jointly/ Married,  
 Filing Separately/ Final Return/ Deceased  
 Date of death

N Farmers.

1a Gross Compensation. Do not include exempt income, such as combat zone pay and  
 qualifying retirement benefits. See the instructions.

1b Unreimbursed Employee Business Expenses.

1c Net Compensation. Subtract Line 1b from Line 1a.

2 Interest Income. Complete **PA Schedule A** if required.

3 Dividend and Capital Gains Distribution Income. Complete **PA Schedule B** if required.

4 Net Income or Loss from the Operation of a Business, Profession, or Farm.

5 Net Gain or Loss from the Sale, Exchange, or Disposition of Property.

6 Net Income or Loss from Rents, Royalties, Patents, or Copyrights.

7 Estate or Trust Income. Complete and submit **PA Schedule J**.

8 Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.

9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c,  
 2, 3, 4, 5, 6, 7, and 8. DO NOT ADD any losses reported on Lines 4, 5, or 6.

10 **Medical Savings Account. CAUTION.** See the instructions. Enter the amount from  
 your Federal Income Tax return. Do not deduct medical expenses or insurance.

11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1a	0
1b	0
1c	0
2	0
3	0
4	-1112
5	0
6	0
7	0
8	0
9	0
10	0
11	0

E

EC

Page 1 of 2

FC

PA - 40 - 2005  
Social Security Number

Name(s) **DAVID & SHABIDA CATANZARO**

12 **PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).**

13 **Total PA Tax Withheld. See the instructions.**

14 **Credit from your 2004 PA Income Tax return.**

15 **2005 Estimated Installment Payments.**

16 **2005 Extension Payment.**

17 **Nonresident Tax Withheld from your PA Schedule(s) NRK- 1. (Nonresidents only)**

18 **Total Estimated Payments and Credits. Add Lines 14, 15, 16, and 17.**

12	0
13	0

14	0
15	0
16	0
17	0
18	0

**Tax Forgiveness Credit.**

19a **Filing Status:** 01 Unmarried or Separated 02 Married 03 Deceased

19b **Dependents, Part B, Line 2, PA Schedule SP.**

20 **Total Eligibility Income from Part C, Line 11, PA Schedule SP.**

21 **Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.**

19a	00	
19b	00	
20		0
21		0

22 **Resident Credit. Submit your PA Schedule(s) G and/or RK- 1.**

23 **Total Other Credits. Submit your PA Schedule OC.**

24 **TOTAL PAYMENTS and CREDITS. Add Lines 13 and 18, 21, 22, and 23.**

25 **TAX DUE. If Line 12 is more than Line 24, enter the difference here.**

26 **Penalties and Interest. See the instructions.**

If attaching form REV- 1630, mark the box.

N

22	0
23	0
24	0
25	0
26	0

27 **TOTAL PAYMENT. Add Lines 25 and 26.**

28 **OVERPAYMENT. If Line 24 is more than the total of Line 12 and Line 26, enter the difference here.**

**The total of Lines 29 through 35 must equal Line 28.**

29 **Refund - Amount of Line 28 you want as a check mailed to you.**

Refund

30 **Credit - Amount of Line 28 you want as a credit to your 2006 estimated account.**

31 **Amount of Line 28 you want to donate to the Wild Resource Conservation Fund.**

32 **Amount of Line 28 you want to donate to the Military Family Relief Assistance Program.**

33 **Amount of Line 28 you want to donate to the Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund.**

29	0
30	0
31	0
32	0
33	0

34 **Amount of Line 28 you want to donate to the Juvenile (Type 1) Diabetes Cure Research Fund.**

35 **Amount of Line 28 you want to donate to the Breast and Cervical Cancer Research Fund.**

34	0
35	0

Your Signature

Date

Spouse's Signature, if filing jointly

Preparer's Name and Telephone Number

Preparer's SSN/PTIN/EIN

H AND R BLOCK

(570) 282-3311

232223111



**PA SCHEDULE SP**  
Special Tax Forgiveness

0501120018

PA- 40 Schedule SP (09- 05) **2005**

OFFICIAL USE ONLY

Name of taxpayer claiming Tax Forgiveness (if filing a PA- 40 jointly, enter the name shown first) <b>DAVID J CATANZARO</b>	Social Security Number (shown first) <b>[REDACTED]</b>
Spouse's Name (even if filing separately) <b>SHABIDA CATANZARO</b>	Spouse's Social Security Number <b>APPLIED</b>

**Part A. Filing Status for Tax Forgiveness.**

- ☐ Unmarried - use **Column A** to calculate your **Eligibility Income**. Fill in the Unmarried box on Line 19a of your PA- 40.
- Check the box that describes your situation:
- ☐ Single. Unmarried/divorced on December 31, 2005
- ☐ Single and claimed as a dependent on another person's PA Schedule SP. Enter the other person's:  
SSN: \_\_\_\_\_ Name: \_\_\_\_\_
- ☐ Separated - use **Column A** to calculate your **Eligibility Income**.  
Check this box only if (a) you are separated pursuant to a written agreement or (b) you were married, but separated and lived apart for the last six months of the year. Fill in the Unmarried box on Line 19a of your PA- 40.
- ☒ Married - Fill in the Married box on Line 19a of your PA- 40. Enter your spouse's name and SSN above. Check the box that describes your situation:
- ☒ Married and claiming Tax Forgiveness together with my spouse. Use **Column A** to calculate **Eligibility Income**.
- ☐ Married and filing separate PA tax returns. ☐ **Certification**. Check this box certifying that you and your spouse are submitting the same information on each PA Schedule SP. Use **Columns B and C** to calculate your **Eligibility Income**.
- ☐ Married with a spouse who is a dependent on another person's PA Schedule SP or federal income tax return. Use **Columns B and C** to calculate Eligibility Income. Enter the other person's: SSN: \_\_\_\_\_ Name: \_\_\_\_\_
- ☐ Separated and lived apart from my spouse but for less than the last six months of the year. Use **Columns B & C** to calculate **Eligibility Income**. Enter your spouse's name and SSN above.
- ☐ Deceased - use **Column A** to calculate your **Eligibility Income**.  
Fill in the Deceased box on Line 19a of the PA- 40. You must annualize the decedent's income (see the instructions) and briefly describe your method:

**Part B. Dependent Children.** Provide all the information for each dependent child. If more than four dependent children, submit additional sheets in this format.

1.	Dependent's Name	Age	Relationship	Social Security No.

**Important:** Only claim the child or children that you claimed as your dependent(s) on your 2005 Federal Income Tax return.

2. Number of dependent children.  
Enter on Line 19b of your PA- 40 ... 2. **0**

**Part C. Eligibility Income**

Married taxpayers filing jointly use Column A and Eligibility Income Table 2. Single filers, qualifying separated filers, and if filing for a decedent use Column A and Eligibility Income Table 1.

Married taxpayers filing separately, and taxpayers separated but not for the last six months of the year use Columns B and C, and Eligibility Income Table 2.

Column A Unmarried or Married Filing Jointly			The Eligibility Income Tables are on page 34 of the PA- 40 booklet.	Married Filing Separately			
				Column B Taxpayer		Column C Spouse	
1.	000	PA taxable income from Line 9 of your PA- 40	1.				
2.	000	Nontaxable interest, dividends, and gains	2.				
3.	000	Alimony	3.				
4.	000	Insurance proceeds and inheritances	4.				
5.	000	Gifts, awards, and prizes	5.				
6.	000	Nonresident income - part-year residents and nonresidents	6.				
7.	000	Nontaxable military income - Do not include combat pay	7.				
8.	000	Gain excluded from the sale of a residence	8.				
9.	000	Nontaxable educational assistance	9.				
10.	000	Cash received for personal purposes from outside your home	10.				
11.	000	← Total Eligibility Income for Column A					

Total Eligibility Income for Columns B and C- add Lines 1 through 10 for each spouse and enter the total → 11.

**Part D. Calculating your Tax Forgiveness Credit**

12.	000	PA Tax Liability from your PA- 40, Line 12 (if amended return, see instructions)	12.	
13.	000	Less Resident Credit from your PA- 40, Line 22	13.	
14.	000	Net PA Tax Liability. Subtract Line 13 from Line 12	14.	
15.	1.00	Percentage of Tax Forgiveness from the Eligibility Income Table using your dependents from Part B and your Total Eligibility Income from Line 11	15.	
16.	000	Tax Forgiveness Credit. Multiply Line 14 by the decimal on Line 15. Enter on your PA- 40, Line 21.	16.	

0501120018

0501120018

# PA Schedule C

0503110041

Profit or Loss From  
Business or Profession  
(SOLE PROPRIETORSHIP)  
PA- 40 C (09-05)  
PA DEPARTMENT OF REVENUE

2005

Attach to form PA- 40, PA- 20S/PA- 65, or PA- 41

OFFICIAL USE ONLY

Name of owner as shown on PA tax return

DAVID J CATANZARO

Owner's

Social Security Number

A. Main business activity ▶ **EVANGELIST**

; product or service ▶ **SERVICE**

B. Business Name ▶ **DAVE CATANZARO ONE VOICE MINISTRIES**

C Employer Identification Number

D. Business address (number and street) **286 UPPER POWDERLY STREET**

C

City, State, and ZIP Code ▶ **CARBONDALE, PA 18407**

E. Method (s) used to value closing inventory, check the appropriate box:

Sales Tax License Number (if applicable)

- (1) ☒ Cost (2) ☐ Lower of cost or market  
(3) ☐ Other (if other, attach explanation)

F. Accounting method, check the appropriate box: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

Yes	No
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

G. Was there any change in determining quantities, costs, or valuations between opening and closing inventory? .....

If "Yes," attach explanation.

H. Did you deduct expenses for an office in your home? .....

## PART I Income

1. a. Gross receipts or sales .....	1a.	10,02500	
b. Returns and allowances .....	1b.	000	
c. Balance (subtract Line 1b from Line 1a) .....	1c.	10,02500	
2. Cost of goods sold and/or operations (Schedule C- 1, Line 8) .....	2.	000	
3. Gross profit (subtract Line 2 from Line 1c) .....	3.	10,02500	
4. Other income (attach statement) Include interest from accounts receivable, business checking accounts, and other business accounts. Also include sales of operational assets. See Instructions Booklet .....	4.	000	
5. Total income (add Lines 3 and 4) .....	5.	10,02500	

## PART II Deductions

6. Advertising .....	11900	29. Travel and entertainment .....	3,26000
7. Amortization .....		30. Utilities .....	
8. Bad debts from sales or services .....		31. Wages .....	
9. Bank charges .....		32. Other expenses (specify):	
10. Car and truck expenses .....	2,72100	a. LONG DISTANCE P	18400
11. Commissions .....		b. POSTAGE	12300
12. Cost depletion but not percentage depletion .....		c. RECORDING COSTS	3,52400
13. a. Regular depreciation .....		d. INTERNET WEBSIT	29900
13. b. Section 179 expense .....		e.	
14. Dues and publications .....		f.	
15. Employee benefit programs other than on Line 22 .....		g.	
16. Freight (not included on Schedule C- 1) .....		h.	
17. Insurance .....		i.	
18. Interest on business indebtedness .....		j.	
19. Laundry and cleaning .....		k.	
20. Legal and professional services .....	10000	l.	
21. Office supplies .....	73200	m.	
22. Pension and profit- sharing plans for employees .....		n.	
23. Postage .....		o.	
24. Rent on business property .....		32. Total other expenses .....	4,13000
25. Repairs .....		33. Total Expenses. (add Lines 6 through 32.)	11,13700
26. Supplies (not included on Schedule C- 1) .....	7500	34. Reduce expenses by the total business credits claimed (for example, Employment Incentive Payments Credit) on your PA- 40.	000
27. Taxes .....			
28. Telephone .....			

35. Total Adjusted Expenses deductions Subtract Line 34 from Line 33 .....

11,13700

36. Net profit or loss (subtract Line 35 from Line 5). If a net loss, check the box. Enter the result on your PA tax return

Loss

☒

36.

-1,11200

Name of owner as shown on PA tax return.

Social Security Number

DAVID J CATANZARO

**SCHEDULE C- 1. Cost of Goods Sold and/or Operations**

1. Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	1.	000
2. a. Purchases	2a.	
b. Cost of items withdrawn for personal use	2b.	
c. Balance (subtract Line 2b from Line 2a)	2c.	
3. Cost of labor (do not include salary paid to yourself)	3.	
4. Materials and supplies	4.	
5. Other costs (attach schedule)	5.	
6. Add Lines 1, 2c, 3, 4, and 5	6.	
7. Inventory at end of year	7.	
8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Part 1, Line 2	8.	000

**SCHEDULE C- 2. Depreciation**

PA PIT law does not permit the bonus depreciation elections added to the Internal Revenue Code in 2002 and 2003. PA PIT law limits IRC section 179 current expensing to the expensing allowed at the time you placed the asset into service or the expensing in effect under the IRC of 1986. For each asset, you must also report straight- line depreciation, unless not using an optional accelerated depreciation method. You need the amount of straight- line depreciation if you need to take advantage of Pennsylvania's Tax Benefit Rule when you sell the asset. See the **PAPIT Guide** for the Tax Benefit Rule.

Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
1. Total additional first- year depreciation (do not include in items below)						
2. Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery & other equipment						
Other (specify)						
3. Totals					3	
4. Any depreciation included in Schedule C- 1					4	
5. Balance (subtract Line 4 from Line 3). Enter here and on Part II, Line 13					5	

**SCHEDULE C- 3. Expense Information**

If you incur any of these expenses, enter the amount of the expense and describe in an itemized statement the kinds of costs incurred and the business purpose. Only include in Part II those expenses that are ordinary, necessary, directly- related, and incurred in operating the business. You may never deduct any personal expenses.

	Total	Business
A. Entertainment facility (boat, resort, ranch, etc.)	\$	\$
B. Living accommodations (except employees on business)	\$	\$
C. Vacations for yourself, your employees, or their families.	\$	\$

Client Name

DAVID J &amp; SHABIDA CATANZARO

Client SSN

## Peace of Mind® Extended Service Plan

The Peace of Mind® Extended Service Plan (the "Plan") offered by H&R Block ("Block") is available only at participating Block offices at the time your return is completed, but no later than October 31 of the year of the return due date. The Plan is separate from, and in addition to, Block's Standard Guarantee that pays penalty and interest resulting from an error in tax preparation.

The Plan is effective when paid for and signed by you and, cannot be transferred by you to others. Subject to the exceptions noted below, the Plan provides you with the following benefits with respect to the individual federal and any individual state or local returns prepared and paid for on the date of this agreement.

If your return is audited, Block will provide you with a qualified person (but not an attorney) to represent you before the tax authority should such tax authority question the accuracy of your return.

**If you owe additional taxes** as a result of an error in tax preparation and the error is discovered by you, your representative or a tax authority, during the period of 3 years from the filing deadlines for such returns, not including extensions, Block will pay you for such taxes up to a cumulative total of \$5,000 for all such returns. Such 3 year limitation applies to your federal and state returns, including returns for those states in which the open period to review returns is greater than 3 years. In some cases, the correction of a specific error will involve changes on multiple returns, including State or Local tax returns, which may result in an overpayment on one return and a balance due on another. In such cases, the overpayment and balance due will be netted in determining the amount Block will pay for additional taxes owed as a result of correction of the error. Block assumes no responsibility for payment of additional taxes to a tax authority. You are responsible for providing payment of additional taxes to the tax authority.

### Before such payment, you must:

- (a) **notify Block of any government notice regarding such taxes within 60 days from the date of such notice;**
- (b) promptly provide Block with copies of such notices and other documents relating to or substantiating such additional taxes;
- (c) provide Block with reasonable notice of and allow Block to attend an audit with you or as your representative with Power of Attorney;
- (d) allow Block at its sole discretion and expense, to challenge the determination that additional taxes and penalties and interest are owed; and
- (e) provide Block with your receipt as proof of your purchase of the Plan.

You may be required to include such payment as income on your return in an amount that will be indicated on any Form 1099 you receive from Block. Block is not responsible for the payment of any taxes you may owe on such income.

The Plan applies only to filed and accepted original individual resident tax returns prepared by Block for the year of the return and for which the balance due has been paid. You represent to us that you have reviewed the items on your return and that items or issues on such returns have not been, or are not currently, under examination by tax authorities as of the date of purchase indicated on your receipt that specifies the total purchase price for the Plan and which is incorporated herein.

### The Plan does not apply to:

- (a) amended returns; 1040- NR;
- (b) non- individual returns such as employment (including taxes assessed on Form 4137 for income other than allocated tips), corporate, state and local small business, occupation tax, partnership, trust, estate, and gift tax returns;
- (c) any returns used to file for tax credits or rebates such as property tax, homestead or renters credits that are not filed in conjunction with a federal, state or local return;
- (d) the calculation of estimated tax payment vouchers, additional taxes owed as a result of an erroneous refund of your estimated tax payments by the IRS or a State or Local taxing authority;
- (e) any return for which, as of the date of such purchase, you have knowledge of additional taxes owed;
- (f) any return for which you have received on or before the date of such purchase any notification from any tax authority of examination or audit;
- (g) returns for which errors have been identified by Block prior to an assessment of additional taxes by tax authorities and can be corrected by Block within 30 days from Block's preparation of the return;
- (h) any return relating to previous years;

**Peace of Mind® Extended Service Plan**

- (i) additional taxes, penalties and interest that are assessed as the result of (i) incorrect, incomplete, false or misleading information that you have given to Block in connection with its preparation of a return; Note: Peace of Mind does not cover additional taxes resulting from income omitted on a substitute W-2. (ii) the government's inability to obtain from you sufficient records to support deductions, credits and other items on your return; (iii) your failure to timely pay the taxes as shown to be due on your return; and (iv) additional taxes assessed as the result of your desire to take a position on your return that challenges current IRS or judicial tax law guidelines or interpretation. In the event you receive a refund of any assessment that Block has paid you under the Plan, you must reimburse Block for the amount of such refund; and
- (j) assessments of additional taxes that occur after 3 years from the filing deadline for the return, not including extensions.

**Arbitration**

By signing below, you agree that any and all claims, disputes or controversies between you and Block (as defined below) arising out of or relating to this Plan (including, but not limited to, this document, any advertisements, promotions, or oral or written statements relating to the Plan, or the validity, enforceability or scope of this arbitration provision, including, but not limited to the issue whether any particular claim or dispute must be submitted to arbitration), whether in contract, tort or otherwise (collectively, the Claim), shall be resolved, upon the election of you or Block, by binding arbitration administered by either the American Arbitration Association (AAA) or the National Arbitration Forum (NAF) in accordance with the rules of such administrator at the time the demand is filed. The AAA rules may be accessed at [www.adr.org](http://www.adr.org) or by writing to AAA at 335 Madison Avenue, New York, NY 10017. The NAF rules may be accessed at [www.arbforum.com](http://www.arbforum.com) or by writing to NAF, P. O. Box 50191, Minneapolis, MN 55405. In the event that a rule conflicts with this arbitration provision, this arbitration provision will govern. You have the right to select one of these arbitration administrators. Block agrees not to invoke its right to arbitrate an individual Claim you bring in small claims court or an equivalent court, so long as the Claim is pending only in that court. This arbitration provision will not apply to any claims relating to the Plan the subject matter of which is currently being asserted in any certified class action lawsuit pending against Block as of December 1, 2004. As used in this arbitration provision, the term Block shall mean H&R Block Tax Services, Inc., its parents, wholly or majority-owned subsidiaries, affiliates and the franchisees of any of them, and each of their officers, directors, agents and employees.

A neutral arbitrator shall be appointed as provided in the rules and must be a practicing attorney with more than ten years experience in tax law. The arbitration will take place in the federal judicial district in which you live. The arbitrator may award all remedies permitted by applicable substantive law, including, but not limited to, compensatory, statutory, and punitive damages, injunctive and other equitable relief and attorneys' fees and costs. No class actions or private attorney general actions in court or in arbitration, or joinder or consolidation of claims with other persons in court or in arbitration, are permitted without the written consent of the parties hereto.

You will pay the first \$50 of the filing fee. At your request, Block will pay the remainder of the filing fee and any administrative or hearing fees charged by the arbitration administrator, up to a maximum of \$1500. If you are required to pay additional fees to the administrator, Block will consider in good faith a request by you to pay all or part of the additional fees; provided, however, that Block shall not be obligated to pay any additional fees unless the arbitrator grants you an award. If the arbitrator issues an award in Block's favor, you will not be required to reimburse Block for any fees Block has previously paid to the administrator. Except as may be required by law, neither a party nor the arbitrator may disclose the existence, content or results of any arbitration hereunder without the prior written consent of the parties.

The parties acknowledge that this Plan evidences a transaction involving or affecting interstate commerce, and this arbitration provision is governed only by the Federal Arbitration Act (FAA), Title 9 of the United States Code. The arbitrator shall apply substantive law consistent with the FAA, and not any state law concerning arbitration. The arbitrator's award shall be final and not subject to appeal, except as permitted by the FAA. If any portion of this arbitration provision is deemed invalid or unenforceable, it will not invalidate the remaining portions of this arbitration provision. This arbitration provision shall only apply to this Plan and will not apply to Peace of Mind programs that you may have purchased in prior years and will not apply to prior relationships between the parties in prior years.

YOU UNDERSTAND THAT YOU HAVE THE RIGHT TO LITIGATE CLAIMS IN COURT BEFORE A JUDGE OR JURY. BY SIGNING BELOW, HOWEVER, YOU AGREE TO KNOWINGLY AND VOLUNTARILY WAIVE YOUR RIGHTS TO LITIGATE SUCH CLAIMS IN COURT BEFORE A JUDGE OR JURY AND AGREE TO RESOLVE ANY CLAIMS PURSUANT TO THE ARBITRATION PROVISION IN THIS PLAN. BY AGREEING TO THE ARBITRATION PROVISION IN THIS PLAN, YOU AGREE THAT YOU WILL HAVE NO RIGHT TO PARTICIPATE AS A REPRESENTATIVE OR MEMBER OF ANY CLASS OF CLAIMANTS PERTAINING TO ANY CLAIM SUBJECT TO ARBITRATION.

**Peace of Mind® Extended Service Plan****Satisfaction**

If for any reason you are not satisfied with the terms of this Plan and want to rescind this Plan, you may obtain a full refund of the fee you paid for the Plan provided that within seven (7) days from the date of purchase you contact the district manager of the H&R Block office where your tax return was prepared and provide at that office the receipt for such payment.

**Claim Process - Frequently Asked Questions:****I received an inquiry from a tax authority. How do I file a claim?**

Take your tax authority notice and any related documents to your local H&R Block office. Your local H&R Block office will file a claim with the Peace of Mind Claims Department. The claim will be reviewed and processed. If the claim is approved, you will receive a check. If the claim is not approved, you will receive a letter explaining the reason for the denial.

**How long will it take to process my claim?**

It usually takes 4 - 6 weeks to reach a claim determination.

**What else do I need to know?**

Federal law states that if your tax liability is paid by someone else, the amount of that payment becomes taxable income to you. Therefore, you will need to include your Peace of Mind payment on your tax return next year. If the payment is \$600 or more you will receive form 1099-MISC from H&R Block next year.

**What about penalty and interest payments?**

Payment of any penalty and interest assessed on the additional tax due may be processed separately under the conditions of H&R Block's Standard Guarantee and paid by your local office.

**Who do I contact if I have more questions?**

You should contact the H&R Block office where your claim was originally filed.

You can also speak to a client service representative by calling 1-800-HRBLOCK.

You can find additional information on our web site: [www.hrblock.com/goto/peaceofmind](http://www.hrblock.com/goto/peaceofmind).

**What if my claim is denied?**

You may dispute the denial by calling 1-800-HRBlock, or by submitting an email via [hrblock.com](http://hrblock.com), and clicking on customer support and requesting a second review. Your claim will usually be reviewed within 2 - 5 days. You will receive the final determination in writing. For New Hampshire Residents: In the event you do not receive satisfaction under this contract, you may contact the New Hampshire Insurance Department, Consumer Division, which provides oversight for consumer guaranty contracts, at 21 South Fruit Street, Suite 14, Concord NH 03301 or 603-271-2261.

Client's Name(s): DAVID J & SHABIDA CATANZARO

Extended Service Plan Accepted.       

Extended Service Plan Declined.   X  

Client's Signature: David Catanzaro

Date: 3-31-06

Spouse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tax Professional Signature: Richard V. [Signature]

Date: 3/31/06

Department of the Treasury  
Internal Revenue Service

- ▶ Do not send to the IRS. This is not a tax return.  
▶ Keep this form for your records. See instructions.

2006

Declaration Control Number (DCN) 00-230662-7

Taxpayer's name

DAVID J CATANZARO

Social security number

Spouse's name

SHABIDA CATANZARO

Spouse's social security number

**Part I Tax Return Information - Tax Year Ending December 31, 2006 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	(77)
2	Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 11)	2	0
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	0
4	Refund (Form 1040, line 74a; Form 1040A, line 45a; Form 1040EZ, line 12a, Form 1040EZ-T, line 1a)	4	40
5	Amount you owe (Form 1040, line 76; Form 1040A, line 47; Form 1040EZ, line 13)	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2006, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return or request for refund. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return or request to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return or request for refund and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

☒ I authorize HR BLOCK to enter or generate my PIN 13006  
ERO firm name as my signature on my tax year 2006 electronically filed income tax return or request for refund. **do not enter all zeros**

☐ I will enter my PIN as my signature on my tax year 2006 electronically filed income tax return or request for refund. Check this box **only** if you are entering your own PIN and your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ David J. Catanzaro Date ▶ 04/09/2007**Spouse's PIN: check one box only**

☒ I authorize HR BLOCK to enter or generate my PIN 16730  
ERO firm name as my signature on my tax year 2006 electronically filed income tax return or request for refund. **do not enter all zeros**

☐ I will enter my PIN as my signature on my tax year 2006 electronically filed income tax return or request for refund. Check this box **only** if you are entering your own PIN and your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Shabida Catanzaro Date ▶ 04/09/2007**Practitioner PIN Method Returns Only - continue below****Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

23066201339  
**do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2006 electronically filed income tax return or request for refund for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ [Signature] Date ▶ 04/09/2007

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

## Label

Use the IRS  
label.  
Otherwise,  
please print  
or type.

For the year Jan. 1- Dec. 31, 2006, or other tax year beginning 2006, ending 20

OMB No: 1545-0074

DAVID J CATANZARO  
SHABIDA CATANZARO  
286 UPPER POWDERLY STREET  
CARBONDALE, PA 18407

Your social security number

Spouse's social security number

You MUST enter  
your SSN(s) above.Checking a box below will not  
change your tax or refund.

## Presidential

Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

You Spouse

## Filing Status

- 1 ☐ Single 4 ☐ Head of household (with qualifying person). (See page 17.)  
2 ☒ Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this  
3 ☐ Married filing separately. Enter spouse's SSN above & full name below. child's name here.  
5 ☐ Qualifying widow(er) with dependent child (see page 17)

Check only  
one box.

## Exemptions

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a  
b ☒ Spouse  
c Dependents:  
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If qual. child for child tax cr.  
If more than four dependents, see page 19.  
d Total number of exemptions claimed 2

## Income

Attach Form(s)  
W-2 here. Also  
attach Forms  
W-2G and  
1099-R if tax  
was withheld.If you did not  
get a W-2,  
see page 23.Enclose, but do  
not attach, any  
payment. Also,  
please use  
Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7  
8a Taxable interest. Attach Schedule B if required 8a  
b Tax-exempt interest. Do not include on line 8a 8b  
9a Ordinary dividends. Attach Schedule B if required 9a  
b Qualified dividends (see page 23) 9b  
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24) 10  
11 Alimony received 11  
12 Business income or (loss). Attach Schedule C or C-EZ 12 (77.)  
13 Capital gain/ (loss). Attach Sch D. If not required check here 13  
14 Other gains or (losses). Attach Form 4797 14  
15a IRA distributions 15a b Taxable amt 15b  
16a Pensions and annuities 16a b Taxable amt 16b  
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17  
18 Farm income or (loss). Attach Schedule F 18  
19 Unemployment compensation 19  
20a Social security benefits 20a b Taxable amt 20b  
21 Other income. List type and amount (see page 29) 21  
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 (77.)

Adjusted  
Gross  
Income

- 23 Archer MSA deduction. Attach Form 8853 23  
24 Certain business expenses of reservists, performing artists, and  
fee-basis government officials. Attach Form 2106 or 2106-EZ 24  
25 Health savings account deduction. Attach Form 8889 25  
26 Moving expenses. Attach Form 3903 26  
27 One-half of self-employment tax. Attach Schedule SE 27  
28 Self-employed SEP, SIMPLE, and qualified plans 28  
29 Self-employed health insurance deduction (see page 29) 29  
30 Penalty on early withdrawal of savings 30  
31a Alimony paid b Recipient's SSN 31a  
32 IRA deduction (see page 31) 32  
33 Student loan interest deduction (see page 33) 33  
34 Jury duty pay you gave to your employer 34  
35 Domestic production activities deduction. Attach Form 8903 35  
36 Add lines 23 through 31a and 32 through 35 36  
37 Subtract line 36 from line 22. This is your adjusted gross income 37 (77.)



**Tax and Credits****Standard Deduction for -**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.

• All others:

Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

38 Amount from line 37 (adjusted gross income)

39a Check ☐ You were born before January 2, 1942, ☐ Blind. ☐ Spouse was born before January 2, 1942, ☐ Blind.

Total boxes

checked ▶ 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 34 & check here ▶ 39b ☐

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)

41 Subtract line 40 from line 38

42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-

44 Tax. Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972

45 Alternative minimum tax (see page 39). Attach Form 6251

46 Add lines 44 and 45

47 Foreign tax credit. Attach Form 1116 if required

48 Credit for child and dependent care expenses. Attach Form 2441

49 Credit for the elderly or the disabled. Attach Schedule R

50 Education credits. Attach Form 8863

51 Retirement savings contributions credit. Attach Form 8880

52 Residential energy credits. Attach Form 5695

53 Child tax credit (see page 42). Attach Form 8901 if required

54 Credits from: a ☐ Form 8396 b ☐ Form 8839 c ☐ Form 885955 Other credits: a ☐ Form 3800 b ☐ Form 8801 c ☐ Form

56 Add lines 47 through 55. These are your total credits

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-

**Other Taxes**

58 Self-employment tax. Attach Schedule SE

59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required

61 Advance earned income credit payments from Form(s) W-2, box 9

62 Household employment taxes. Attach Schedule H

63 Add lines 57 through 62. This is your total tax

**Payments**

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099

65 2006 estimated tax payments and amount applied from 2005 return

66a Earned income credit (EIC) NQ

b Nontaxable combat pay election ▶ 66b

67 Excess social security and tier 1 RRTA tax withheld (see page 60)

68 Additional child tax credit. Attach Form 8812

69 Amount paid with request for extension to file (see page 60)

70 Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885

71 Credit for federal telephone excise tax paid. Attach Form 8913 if required

72 Add lines 64, 65, 66a, &amp; 67 through 71. These are your total payments

**Refund**

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ ☐▶ b Routing number ▶ c Type: ☐ Checking ☐ Savings

▶ d Account number

75 Amount of line 73 you want applied to your 2007 estimated tax ▶ 75

**Amount You Owe**

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62

77 Estimated tax penalty (see page 62)

**Third Party Designee**Do you want to allow another person to discuss this return with the IRS (see page 63)? ☒ Yes. Complete the following. ☐ No

Designee's name

Phone no.

Personal ID number

▶ HR BLOCK

▶ (570) 282-3311

(PIN) ▶ 36939

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

For Info Only-Do not file

MUSICIAN

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

For Info Only-Do not file

HOMEMAKER

**Paid Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

H AND R BLOCK

EIN 23-2223111

CARBONDALE, PA 18407

Phone no. (570) 282-3311

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.  
► Attach to Form 1040, 1040NR, or 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

**2006**

Attachment  
Sequence No. **09**

Name of proprietor <b>DAVID J CATANZARO</b>		Social security number (SSN) <b>[REDACTED]</b>
A Principal business or profession, including product or service (see page C-2 of the instructions) <b>EVANGELIST : SERVICE</b>		B Enter code from pages C-8, 9, & 10 <b>► 711510</b>
C Business name. If no separate business name, leave blank. <b>DAVE CATANZARO ONE VOICE MINISTRIES</b>		D Employer ID number (EIN), if any
E Business address (including suite or room no.) ► <b>286 UPPER POWDERLY STREET</b> City, town or post office, state, and ZIP code <b>CARBONDALE, PA 18407</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2006? If "No," see page C-3 for limit on losses <span style="float:right"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>		
H If you started or acquired this business during 2006, check here <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span>		

**Part I Income**

1 Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here <span style="float:right"><input type="checkbox"/></span>	1	8,150.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	8,150.
4 Cost of goods sold (from line 42 on page 2)	4	
5 <b>Gross profit.</b> Subtract line 4 from line 3	5	8,150.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3)	6	
7 <b>Gross income.</b> Add lines 5 and 6 <span style="float:right">►</span>	7	8,150.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense	18	555.
9 Car and truck expenses (see page C-4)	9	2,243.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see page C-5):		
11 Contract labor (see page C-4)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	509.
b Other	16b		b Deductible meals and entertainment (see page C-6)	24b	2,196.
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	2,724.
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns <span style="float:right">►</span>			28	8,227.	
29 Tentative profit (loss). Subtract line 28 from line 7			29	(77.)	
30 Expenses for business use of your home. Attach <b>Form 8829</b>			30		
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.					
<ul style="list-style-type: none"> <li>• If a profit, enter on <b>Form 1040, line 12</b>, and <b>Schedule SE, line 2</b> or on <b>Form 1040NR, line 13</b> (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>• If a loss, you <b>must</b> go to line 32.</li> </ul>			31	(77.)	
32 If you have a loss, check the box that describes your investment in this activity (see page C-6).					
<ul style="list-style-type: none"> <li>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b>, and <b>Schedule SE, line 2</b> or on <b>Form 1040NR, line 13</b> (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b>. Your loss may be limited.</li> </ul>			32a	<input checked="" type="checkbox"/> All investment is at risk.	
			32b	<input type="checkbox"/> Some investment is not at risk.	

**KBA** For Paperwork Reduction Act Notice, see page C-8 of the instructions.

Schedule C (Form 1040) 2006

**Part III Cost of Goods Sold** (see page C-7)

33	Method(s) used to value closing inventory:	a <input checked="" type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42		

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-4 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ <u>4/15/2002</u>		
44	Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle for:		
a	Business <u>4922</u>	b	Commuting (see inst) <u>0</u>
		c	Other <u>7078</u>
45	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
46	Was your vehicle available for personal use during off-duty hours?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

LONG DISTANCE PHONE	583.
POSTAGE	87.
RECORDING COST	1,646.
INTERNET USAGE	289.
WEBSET	119.
48 Total other expenses. Enter here and on page 1, line 27	2,724.

**Schedule A - NOL** (see page 6 of the instructions)

<b>1</b>	Enter the amount from your 2006 Form 1040, line 41, or Form 1040NR, line 38, minus any amount on on Form 8914, line 6. Estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount		<b>1</b>	(10,377)
<b>2</b>	Nonbusiness capital losses before limitation. Enter as a positive number	<b>2</b>		
<b>3</b>	Nonbusiness capital gains (without regard to any section 1202 exclusion)	<b>3</b>		
<b>4</b>	If line 2 is more than line 3, enter the difference; otherwise, enter - 0-	<b>4</b>	0	
<b>5</b>	If line 3 is more than line 2, enter the difference; otherwise, enter - 0-	<b>5</b>	0	
<b>6</b>	Nonbusiness deductions (see page 6 of the instructions)	<b>6</b>	10,300	
<b>7</b>	Nonbusiness income other than capital gains (see page 6 of the instructions)	<b>7</b>		
<b>8</b>	Add lines 5 and 7	<b>8</b>		
<b>9</b>	If line 6 is more than line 8, enter the difference; otherwise, enter - 0-	<b>9</b>		10,300
<b>10</b>	If line 8 is more than line 6, enter the difference; otherwise, enter - 0-. <b>But do not enter more than line 5</b>	<b>10</b>	0	
<b>11</b>	Business capital losses before limitation. Enter as a positive number	<b>11</b>		
<b>12</b>	Business capital gains (without regard to any section 1202 exclusion)	<b>12</b>		
<b>13</b>	Add lines 10 and 12	<b>13</b>		
<b>14</b>	Subtract line 13 from line 11. If zero or less, enter - 0-	<b>14</b>	0	
<b>15</b>	Add lines 4 and 14	<b>15</b>	0	
<b>16</b>	Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 15, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15.	<b>16</b>		
<b>17</b>	Section 1202 exclusion. Enter as a positive number	<b>17</b>		
<b>18</b>	Subtract line 17 from line 16. If zero or less, enter - 0-	<b>18</b>	0	
<b>19</b>	Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).) Enter as a positive number	<b>19</b>		
<b>20</b>	If line 18 is more than line 19, enter the difference; otherwise, enter - 0-	<b>20</b>	0	
<b>21</b>	If line 19 is more than line 18, enter the difference; otherwise, enter - 0-	<b>21</b>		0
<b>22</b>	Subtract line 20 from line 15. If zero or less, enter - 0-	<b>22</b>		0
<b>23</b>	Domestic production activities deduction from Form 1040, line 35, or Form 1040NR, line 33 (or included on Form 1041, line 15a)	<b>23</b>		
<b>24</b>	NOL deduction for losses from other years. Enter as a positive number	<b>24</b>		
<b>25</b>	<b>NOL.</b> Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you <b>do not</b> have an NOL	<b>25</b>		(77)

KBA

Form 1045A (2006)

# TRANSPORTATION AND TRAVEL FOR SCHEDULES C, E, AND F

Name(s) **DAVID J CATANZARO**

SSN **[REDACTED]**

TRAVEL EXPENSES (other than meals)			ACTUAL VEHICLE EXP	VEHICLE 1	VEHICLE
Plane/rail fares			Gas/oil/lube		
Car rentals/taxi/etc.			Tires/batteries/repairs/etc.		
Lodging/baggage/tips	459		Gar rent/auto club/cleaning		
Electronic services, computer rent, etc.			Insurance/licenses		
Laundry/cleaning	50		3. Total		
<b>Total</b>		509	4. Line 3 x bus %		
Report meals, entertainment, tips and Bus. % of leased vehicle payments - inclusion amount directly on Schedule			5. Finance chg/interest x bus %		
TRANSPORTATION EXP			6. Pers prop tax x bus %		
			7. Line 2 or line 4 whichever applicable	2190	
	VEHICLE 1	VEHICLE	8. Parking and tolls	53	
1. Bus. miles this year/this activity	4922		9. Local business transportation		
2. Line 1 x .445 (cents)	2190		Total (add lines 5-9)	2243	

DEPRECIATION AND MILEAGE RECORDS		VEHICLE 1				VEHICLE			
Complete lines 2002 through C for prior years only, and lines D, E, F, and G for the current year.		Bus. %	Business Mileage	Depr. Actually Claimed	Other Basis Adjustment	Bus. %	Business Mileage	Depr. Actually Claimed	Other Basis Adjustment
2002		75	15067						
2003		56	11916						
2004		46	8798						
2005		27	6280						
A. Total each column (except %)			42061						
B. Total miles in prior years for months of bus. use			75060						
C. Total business miles included in line B miles			42061						
D. Months of business use this year			12						
E. Total miles in this year for months of bus. use			12000						
F. Total business miles included in line E miles			4922						
G. Line F / line E x line D / 12 months owned in year			41.02						

Sch C DAVE CATANZARO ONE VOICE MINISTRIES EVA

## IRS e-file Signature Authorization

► Do not send to the IRS. This is not a tax return.  
► Keep this form for your records. See instructions.

2007

Declaration Control Number (DCN)

00-230662-

-8

Taxpayer's name

DAVID J CATANZARO

Social security number

Spouse's name

SHABIDA CATANZARO

Spouse's social security number

**Part I Tax Return Information - Tax Year Ending December 31, 2007 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	(5,717.)
2	Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 10)	2	0.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	0.
4	Refund (Form 1040, line 74a; Form 1040A, line 44a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	4	
5	Amount you owe (Form 1040, line 76; Form 1040A, line 46; Form 1040EZ, line 12)	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize HR BLOCK

ERO firm name

to enter or generate my PIN

13006

do not enter all zeros

as my signature on my tax year 2007 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

COPY ONLY

Date ► 04/10/2008

Spouse's PIN: check one box only

☒ I authorize HR BLOCK

ERO firm name

to enter or generate my PIN

16730

do not enter all zeros

as my signature on my tax year 2007 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

COPY ONLY

Date ► 04/10/2008

**Practitioner PIN Method Returns Only - continue below****Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/ PIN. Enter your six- digit EFIN followed by your five- digit self- selected PIN.

23066200912

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2007 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►

Date ► 04/10/2008

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **1040** Department of the Treasury - Internal Revenue Service **U.S. Individual Income Tax Return** **2007**

IRS Use Only - Do not write or staple in this space.

<b>Label</b> Use the IRS label. Otherwise, please print or type.	For the year Jan. 1-Dec. 31, 2007, or other tax year beginning 2007, ending 20	OMB No. 1545-0074
	<b>DAVID J CATANZARO</b> <b>SHABIDA CATANZARO</b> <b>286 UPPER POWDERLY STREET</b> <b>CARBONDALE, PA 18407</b>	<b>Your social security number</b> [REDACTED]
		<b>Spouse's social security number</b> [REDACTED]
	You MUST enter your SSN(s) above. Checking a box below will not change your tax or refund.	

**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) ☐ **You** ☐ **Spouse**

**Filing Status**

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above & full name below.

4 ☐ Head of household (with qualifying person). (See page 13.)

5 ☐ Qualifying widow(er) with dependent child (see page 14)

**Exemptions**

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If qual. child for child tax cr.
ASHLEY	CATANZARO	[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>

d Total number of exemptions claimed **3**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 19)

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain/(loss). Attach Sch D. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

16a Pensions and annuities

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

21 Other income. List type and amount (see page 24)

22 Add the amounts in the far right column for lines 7 through 21. This is your **total income**

**Adjusted Gross Income**

23 Educator expenses (see page 26)

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 26)

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 IRA deduction (see page 27)

33 Student loan interest deduction (see page 30)

34 Tuition and fees deduction. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35

37 Subtract line 36 from line 22. This is your **adjusted gross income**

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 83.

Form 1040 (2007)

**Tax and Credits****Standard Deduction for -**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.

• All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38	Amount from line 37 (adjusted gross income)	38	(5,717.)
39a	Check <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <b>▶ 39a</b> <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> <b>▶ 39b</b> <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here <b>▶ 39b</b> <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10,700.
41	Subtract line 40 from line 38	41	(16,417.)
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33	42	10,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	0.
45	Alternative minimum tax (see page 36). Attach Form 6251	45	
46	Add lines 44 and 45	46	0.
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see page 39). Attach Form 8901 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	0.

**Other Taxes**

58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	0.

**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2007 estimated tax payments and amount applied from 2006 return	65	
66a	Earned income credit (EIC) <b>NQ</b>	66a	
b	Nontaxable combat pay election <b>▶ 66b</b> <input type="checkbox"/>		
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, & 67 through 71. These are your total payments	72	0.

**Refund**

Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	0.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number <input type="text"/>	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2008 estimated tax <b>▶ 75</b> <input type="checkbox"/>	75	

**Amount You Owe**

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60	76	
77	Estimated tax penalty (see page 61)	77	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☐ Yes. Complete the following. ☒ No

Designee's name	Phone no.	Personal ID number (PIN)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Sign Here**

Joint return? See page 13. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<b>For Info Only-Do not file</b>		<b>MUSICIAN</b>	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<b>For Info Only-Do not file</b>		<b>HOMEMAKER</b>	

**Paid Preparer's Use Only**

Preparer's signature <input type="text"/>	Date <b>4/10/2008</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <b>P00133052</b>
Firm's name (or yours if self-employed), address, and ZIP code <b>H AND R BLOCK</b>	EIN <b>23-2223111</b>		Phone no. <b>(570) 282-3311</b>
<b>CARBONDALE, PA 18407</b>			



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.  
► Attach to Form 1040, 1040NR, or 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. **09**

Name of proprietor <b>DAVID J CATANZARO</b>		Social security number (SSN) <b>[REDACTED]</b>
A Principal business or profession, including product or service (see page C-2 of the instructions) <b>MUSICIAN : MUSIC</b>		B Enter code from pages C-8, 9, & 10 ► <b>711510</b>
C Business name. If no separate business name, leave blank. <b>DAVID JOSEPH MUSIC</b>		D Employer ID number (EIN), if any
E Business address (including suite or room no.) ► <b>286 UPPER POWDERLY STREET</b> City, town or post office, state, and ZIP code <b>CARBONDALE, PA 18407</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2007? If "No," see page C-3 for limit on losses. <span style="float:right"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>		
H If you started or acquired this business during 2007, check here <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span>		

**Part I Income**

1 Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here. <span style="float:right"><input type="checkbox"/></span>	<b>1</b>	<b>32,135.</b>
2 Returns and allowances	<b>2</b>	
3 Subtract line 2 from line 1	<b>3</b>	<b>32,135.</b>
4 Cost of goods sold (from line 42 on page 2)	<b>4</b>	
5 <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	<b>32,135.</b>
6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3)	<b>6</b>	
7 <b>Gross income.</b> Add lines 5 and 6 <span style="float:right">►</span>	<b>7</b>	<b>32,135.</b>

**Part II Expenses.** Enter expenses for business use of your home only on line 30.

8 Advertising	<b>8</b>		18 Office expense	<b>18</b>	<b>831.</b>
9 Car and truck expenses (see page C-4)	<b>9</b>	<b>10,324.</b>	19 Pension and profit-sharing plans	<b>19</b>	
10 Commissions and fees	<b>10</b>	<b>931.</b>	20 Rent or lease (see page C-5):		
11 Contract labor (see page C-4)	<b>11</b>		a Vehicles, machinery, and equipment	<b>20a</b>	
12 Depletion	<b>12</b>		b Other business property	<b>20b</b>	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	<b>13</b>		21 Repairs and maintenance	<b>21</b>	
14 Employee benefit programs (other than on line 19)	<b>14</b>		22 Supplies (not included in Part III)	<b>22</b>	<b>13,634.</b>
15 Insurance (other than health)	<b>15</b>		23 Taxes and licenses	<b>23</b>	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	<b>16a</b>		a Travel	<b>24a</b>	<b>3,577.</b>
b Other	<b>16b</b>		b Deductible meals and entertainment (see page C-6)	<b>24b</b>	<b>2,552.</b>
17 Legal and professional services	<b>17</b>	<b>100.</b>	25 Utilities	<b>25</b>	
			26 Wages (less employment credits)	<b>26</b>	
			27 Other expenses (from line 48 on page 2)	<b>27</b>	<b>5,903.</b>

28 <b>Total expenses before expenses for business use of home.</b> Add lines 8 through 27 in columns <span style="float:right">►</span>	<b>28</b>	<b>37,852.</b>
29 Tentative profit (loss). Subtract line 28 from line 7	<b>29</b>	<b>(5,717.)</b>
30 Expenses for business use of your home. Attach <b>Form 8829</b>	<b>30</b>	
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> , and <b>Schedule SE, line 2</b> , or on <b>Form 1040NR, line 13</b> (statutory employees, see page C-7). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	<b>31</b>	<b>(5,717.)</b>
32 If you have a loss, check the box that describes your investment in this activity (see page C-7). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , and <b>Schedule SE, line 2</b> , or on <b>Form 1040NR, line 13</b> (statutory employees, see page C-7). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach <b>Form 6198</b> . Your loss may be limited.	<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk. <b>32b</b> <input type="checkbox"/> Some investment is not at risk.	

**KBA For Paperwork Reduction Act Notice, see page C-8 of the instructions.**

**Schedule C (Form 1040) 2007**

**Part III Cost of Goods Sold** (see page C-7)

<b>33</b>	Method(s) used to value closing inventory:	a <input checked="" type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	<b>35</b>		
<b>36</b>	Purchases less cost of items withdrawn for personal use	<b>36</b>		
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself	<b>37</b>		
<b>38</b>	Materials and supplies	<b>38</b>		
<b>39</b>	Other costs	<b>39</b>		
<b>40</b>	Add lines 35 through 39	<b>40</b>		
<b>41</b>	Inventory at end of year	<b>41</b>		
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on page 1, line 4	<b>42</b>		

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-4 to find out if you must file Form 4562.

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶ <u>3/1/2007</u>
<b>44</b>	Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used your vehicle for:
a	Business <u>21202</u> b Commuting (see instructions) <u>0</u> c Other <u>0</u>
<b>45</b>	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>46</b>	Was your vehicle available for personal use during off-duty hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>47a</b>	Do you have evidence to support your deduction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

<b>LONG DISTANCE PHONE</b>	<b>462.</b>
<b>POSTAGE</b>	<b>372.</b>
<b>CLOTHING</b>	<b>364.</b>
<b>INTERNET USAGE</b>	<b>367.</b>
<b>AAFES FEES</b>	<b>4,338.</b>
<b>48 Total other expenses.</b> Enter here and on page 1, line 27	<b>48 5,903.</b>

**Schedule A - NOL** (see page 6 of the instructions)

<b>1</b>	Enter the amount from your 2007 Form 1040, line 41, or Form 1040NR, line 38. Estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount		<b>1</b>	(16,417)
<b>2</b>	Nonbusiness capital losses before limitation. Enter as a positive number	<b>2</b>		
<b>3</b>	Nonbusiness capital gains (without regard to any section 1202 exclusion)	<b>3</b>		
<b>4</b>	If line 2 is more than line 3, enter the difference; otherwise, enter -0-	<b>4</b>	0	
<b>5</b>	If line 3 is more than line 2, enter the difference; otherwise, enter -0-	<b>5</b>	0	
<b>6</b>	Nonbusiness deductions (see page 6 of the instructions)	<b>6</b>	10,700	
<b>7</b>	Nonbusiness income other than capital gains (see page 6 of the instructions)	<b>7</b>		
<b>8</b>	Add lines 5 and 7	<b>8</b>		
<b>9</b>	If line 6 is more than line 8, enter the difference; otherwise, enter -0-	<b>9</b>		10,700
<b>10</b>	If line 8 is more than line 6, enter the difference; otherwise, enter -0-. But do not enter more than line 5	<b>10</b>	0	
<b>11</b>	Business capital losses before limitation. Enter as a positive number	<b>11</b>		
<b>12</b>	Business capital gains (without regard to any section 1202 exclusion)	<b>12</b>		
<b>13</b>	Add lines 10 and 12	<b>13</b>		
<b>14</b>	Subtract line 13 from line 11. If zero or less, enter -0-	<b>14</b>	0	
<b>15</b>	Add lines 4 and 14	<b>15</b>	0	
<b>16</b>	Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 15, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15.	<b>16</b>		
<b>17</b>	Section 1202 exclusion. Enter as a positive number	<b>17</b>		
<b>18</b>	Subtract line 17 from line 16. If zero or less, enter -0-	<b>18</b>	0	
<b>19</b>	Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).) Enter as a positive number	<b>19</b>		
<b>20</b>	If line 18 is more than line 19, enter the difference; otherwise, enter -0-	<b>20</b>	0	
<b>21</b>	If line 19 is more than line 18, enter the difference; otherwise, enter -0-	<b>21</b>		0
<b>22</b>	Subtract line 20 from line 15. If zero or less, enter -0-	<b>22</b>		0
<b>23</b>	Domestic production activities deduction from Form 1040, line 35, or Form 1040NR, line 33 (or included on Form 1041, line 15a)	<b>23</b>		
<b>24</b>	NOL deduction for losses from other years. Enter as a positive number	<b>24</b>		
<b>25</b>	NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you do not have an NOL	<b>25</b>		(5,717)

KBA

Form 1045 (2007)

Declaration Control Number (DCN)

00-230662- -8

Taxpayer's Name

CATANZARO DAVID J

Social Security Number

[REDACTED]

Spouse's Name

CATANZARO SHABIDA

Spouse's Social Security Number

[REDACTED]

**PART I Tax Return Information - Tax Year Ending December 31, 2007 (Whole Dollars Only)**

- |  |          |   |
|--|----------|---|
| 1. Adjusted PA Taxable Income (Form PA- 40, Line 11) . . . . . | 1. _____ | 0 |
| 2. PA Tax Liability (Form PA- 40, Line 12) . . . . .           | 2. _____ | 0 |
| 3. Total PA Tax Withheld (Form PA- 40, Line 13) . . . . .      | 3. _____ | 0 |
| 4. Refund (Form PA- 40, Line 29) . . . . .                     | 4. _____ | 0 |
| 5. Total Payment (Tax Due) (Form PA- 40, Line 27) . . . . .    | 5. _____ | 0 |

**PART II Declaration and Signature Authorization of Taxpayer**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2007 PA Tax Return (Form PA- 40), and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize (1) the PA Department of Revenue and its designated Financial Agents to initiate an Electronic Funds withdrawal (Direct Debit) entry to my financial institution account designated in the electronic portion of my 2007 Pennsylvania Personal Income Tax Return for my Pennsylvania taxes owed, and (2) my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: (check one box only)

☒ I authorize HR Block to enter my PIN 13006 as my signature on my tax year 2007 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return.

Your signature COPY ONLY Date 04/10/2008

Spouse's PIN: (check one box only)

☒ I authorize HR Block to enter my PIN 16730 as my signature on my tax year 2007 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return.

Spouse's signature COPY ONLY Date 04/10/2008**Practitioner PIN Program Participants Only - Continue Below****PART III Certification and Authentication - Practitioner PIN Program**ERO's EFIN/PIN. Enter your six- digit EFIN followed by your five- digit self- selected PIN 23066200912

As a participant in the Practitioner PIN Program, I certify that the above numeric entry is my PIN, which is my signature on the tax year 2007 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature [Signature] Date 04/10/2008**ERO Must Retain This Form and the Supporting Documents for three (3) years.****DO NOT SUBMIT THIS FORM TO PENNSYLVANIA**

**PA - 40 - 2007**  
**Pennsylvania Income Tax Return**  
 ENTER ONE LETTER OR NUMBER IN EACH BOX.  
 Do Not Use Your Preprinted Label

CATANZARO

DAVID J Occupation MUSICIAN

SHABIDA Occupation HOMEMAKER

CATANZARO

286 UPPER POWDERLY STREET

CARBONDALE PA 18407

570 282 4889 35460

N Extension.

N Amended Return.

R Residency Status.  
 PA Resident/Nonresident/Part- Year Resident  
 from to

J Single/Married, Filing Jointly/Married,  
 Filing Separately/ Final Return/Deceased  
 Date of death

N Farmers.

School District Name LAKELAND

1a Gross Compensation. Do not include exempt income, such as combat zone pay and  
 qualifying retirement benefits. See the instructions.

1b Unreimbursed Employee Business Expenses.

1c Net Compensation. Subtract Line 1b from Line 1a.

2 Interest Income. Complete **PA Schedule A** if required.

3 Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required.

4 Net Income or Loss from the Operation of a Business, Profession, or Farm.

5 Net Gain or Loss from the Sale, Exchange, or Disposition of Property.

6 Net Income or Loss from Rents, Royalties, Patents, or Copyrights.

7 Estate or Trust Income. Complete and submit **PA Schedule J**.

8 Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.

9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c,  
 2, 3, 4, 5, 6, 7, and 8. DO NOT ADD any losses reported on Lines 4, 5, or 6.

10 **Other Deductions.** Enter the appropriate code for the type of deduction.  
 See the instructions for additional information.

11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1a	0
1b	0
1c	0
2	0
3	0
4	- 8269
5	0
6	0
7	0
8	0
9	0
10	0
11	0

PA - 40 - 2007

Social Security Number

Name(s) DAVID & SHABIDA CATANZARO

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2006 PA Income Tax return.

15 2007 Estimated Installment Payments.

16 2007 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK- 1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16, and 17.

**Tax Forgiveness Credit.**

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Part B, Line 2, PA Schedule SP

20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G- R with your  
PA Schedule(s) G- S, G- L and/or RK- 1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22, and 23.

25 TAX DUE. If Line 12 is more than Line 24, enter the difference here.

26 Penalties and Interest. See the instructions. Enter Code:  
If attaching form REV- 1630, mark the box. N

27 TOTAL PAYMENT. Add Lines 25 and 26.

28 OVERPAYMENT. If Line 24 is more than the total of Line 12 and Line 26, enter  
the difference here.**The total of Lines 29 through 35 must equal Line 28.**

29 Refund - Amount of Line 28 you want as a check mailed to you. Refund

30 Credit - Amount of Line 28 you want as a credit to your 2008 estimated account.

31 Amount of Line 28 you want to donate to the Wild Resource Conservation Fund.

32 Amount of Line 28 you want to donate to the Military Family Relief Assistance Program.

33 Amount of Line 28 you want to donate to the Governor Robert P. Casey Memorial  
Organ and Tissue Donation Awareness Trust Fund.34 Amount of Line 28 you want to donate to the Juvenile (Type 1) Diabetes Cure  
Research Fund.35 Amount of Line 28 you want to donate to the Breast and Cervical Cancer  
Research Fund.Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accom-  
panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature

FOR INFORMATION ONLY

Spouse's Signature, if filing jointly

FOR INFORMATION ONLY

Preparer's Name and Telephone Number

Date

H AND R BLOCK

(570) 282-3311

12	0
13	0
14	0
15	0
16	0
17	0
18	0
19a	00
19b	00
20	0
21	0
22	0
23	0
24	0
25	0
26	0
27	0
28	0
29	0
30	0
31	0
32	0
33	0
34	0
35	0

Firm EIN

Preparer's SSN/PTIN

232223111

P00133052

# PA Schedule C

0703110023

Profit or Loss From  
Business or Profession  
(SOLE PROPRIETORSHIP)  
PA-40 C (10-07) (I) -  
PA DEPARTMENT OF REVENUE

2007

Include with form PA-40, PA-20S/PA-65, or PA-41

OFFICIAL USE ONLY

Name of owner as shown on PA tax return

DAVID J CATANZARO

Owner's

Social Security Number

[REDACTED]

A. Main business activity ▶ MUSICIAN

product or service ▶ MUSIC

B. Business Name ▶ DAVID JOSEPH MUSIC

C. Employer Identification Number

D. Business address (number and street) 286 UPPER POWDERLY STREET

City, State, and ZIP Code ▶ CARBONDALE, PA 18407

C

E. Method(s) used to value closing inventory, check the appropriate box:

Sales Tax License Number (if applicable)

- (1) ☒ Cost (2) ☐ Lower of cost or market  
(3) ☐ Other (if other, attach explanation)

F. Accounting method, check the appropriate box:

- (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

Yes	No
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

Federal NAICS Code  
711510

G. Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.

H. Did you deduct expenses for an office in your home?

I. If the business is out of existence as of the end of the current year, check this box

## PART I Income

1. a. Gross receipts or sales	1a.	32,13500	
b. Returns and allowances	1b.	000	
c. Balance (subtract Line 1b from Line 1a)	1c.	32,13500	
2. Cost of goods sold and/or operations (Schedule C-1, Line 8)	2.	000	
3. Gross profit (subtract Line 2 from Line 1c)	3.	32,13500	
4. Other income (attach statement) Include interest from accounts receivable, business checking accounts, and other business accounts. Also include sales of operational assets. See Instructions Booklet	4.	000	
5. Total income (add Lines 3 and 4)	5.	32,13500	

## PART II Deductions

6. Advertising		28. Supplies (not included on Sch C-1)	13,63400
7. Amortization		29. Taxes	
8. Bad debts from sales or services		30. Telephone	
9. Bank charges		31. Travel and entertainment	8,68100
10. Car and truck expenses	10,32400	32. Utilities	
11. Commissions	93100	33. Wages	
12. Cost depletion but not percentage depletion		34. Other expenses (specify):	
13. a. Regular depreciation		a. LONG DISTANCE P	46200
13. b. Section 179 expense		b. POSTAGE	37200
14. Dues and publications		c. CLOTHING	36400
15. Employee benefit programs other than on Line 23		d. INTERNET USAGE	36700
16. Freight (not included on Schedule C-1)		e. AAFES FEES	4,33800
17. Insurance		f.	
18. Interest on business indebtedness		g.	
19. Laundry and cleaning		h.	
20. Legal and professional services	10000	i.	
21. Management fees		j.	
22. Office supplies	83100	k.	
23. Pension and profit-sharing plans for employees		34. Total other expenses	5,90300
24. Postage		35. Total Expenses. (add Lines 6 through 34.)	40,40400
25. Rent on business property		36. Reduce expenses by the total business credits claimed (for example, Employment Incentive Payments Credit) on your PA-40.	000
26. Repairs			
27. Subcontractor fees			
37. Total Adjusted Expenses deductions Subtract Line 36 from Line 35		37.	40,40400
38. Net profit or loss (subtract Ln 37 from Ln 5). If a net loss, check the box. Enter the result on your PA tax return. Loss <input checked="" type="checkbox"/>		38.	-8,26900

## PA DEPARTMENT OF REVENUE

OFFICIAL USE ONLY

Social Security Number

DAVID J CATANZARO

1. Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	1.	000
2. a. Purchases	2a.	
b. Cost of items withdrawn for personal use	2b.	
c. Balance (subtract Line 2b from Line 2a)	2c.	
3. Cost of labor (do not include salary paid to yourself or subcontractor fees)	3.	
4. Materials and supplies	4.	
5. Other costs (include schedule)	5.	
6. Add Lines 1, 2c, 3, 4, and 5	6.	
7. Inventory at end of year	7.	
8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Part 1, Line 2	8.	000

PA PIT law does not permit the bonus depreciation elections added to the Internal Revenue Code (IRC) in 2002 and 2003. PA PIT law limits IRC Section 179 current expensing to the expensing allowed at the time you placed the asset into service, or the expensing in effect under the IRC of 1986 as amended January 1, 1997. For each asset, you must also report straight-line depreciation, unless not using an optional accelerated depreciation method. You need the amount of straight-line depreciation to take advantage of Pennsylvania's Tax Benefit Rule when you sell the asset. See the **PA PIT Guide** for the Tax Benefit Rule.

<b>1.</b> Total Section 179 depreciation (do not include in items below) ▶						<b>1.</b>		
<b>2.</b> Less: Section 179 depreciation included in Schedule C-1 ▶						<b>2.</b>		
<b>3.</b> Balance (Subtract Line 2 from Line 1). Enter here and on Part II, Line 13b ▶						<b>3.</b>		
Description of property <b>(a)</b>	Date acquired <b>(b)</b>	Cost or other basis <b>(c)</b>	Depreciation allowed or allowable in prior years <b>(d)</b>	Method of computing depreciation <b>(e)</b>	Life or rate <b>(f)</b>	Depreciation for this year <b>(g)</b>		
<b>4.</b> Other depreciation:								
Buildings . . . . .								
Furniture and fixtures . . . . .								
Transportation equipment . . . . .								
Machinery & other equipment . . . . .								
Other (specify) . . . . .								
<b>5.</b> Totals (add all Line 4 amounts) . . . . .								
<b>6.</b> Any depreciation included in Schedule C-1 . . . . .								
<b>7.</b> Balance (subtract Line 6 from Line 5). Enter here and on Part II, Line 13a ▶								



# Final Earned Income Tax Return

TAXING AUTHORITY OF RESIDENCE: FLORENCE LARKIN

CITY, TWP, OR BORO: CARBONDALE TWP

SCHOOL DISTRICT: LAKE LAND

TAXPAYER: CATANZARO DAVID J

SPOUSE: CATANZARO SHABIDA

ADDRESS: 286 UPPER POWDERLY STREET

CARBONDALE PA 18407

Tax Year: 2007

Tax Rate: 0.5000

SS#: [REDACTED]

SS#: [REDACTED]

Has Taxpayer Address Changed?: ☐ Yes ☒ No

Check if this is a First Time Filing ☐

LEGAL RESIDENCE FOR THIS TAX YEAR (IF CHANGED WITH- IN THE YEAR):

No. months

TAXPAYER

SPOUSE

TAXPAYER

SPOUSE

1. WAGES, TIPS AND OTHER COMPENSATION .....	\$		\$	
2. LESS ALLOWABLE BUSINESS EXPENSES .....	\$(		)\$	
3. SUB- TOTAL (LINE 1 FROM LINE 2) .....	\$	0.00	\$	0.00
4. OTHER TAXABLE EARNED INCOME (IDENTIFY SOURCE .....	)\$		\$	
5. SUB- TOTAL (LINE 3 PLUS LINE 4) .....	\$		\$	
6. NET LOSS FROM BUSINESS (Sch. C, E, For K-1) .....	\$(	8,269.00	)\$	
7. SUB- TOTAL OF INCOME (NOT LESS THAN ZERO) .....	\$		\$	
8. NET PROFIT FROM BUSINESS .....	\$		\$	
9. TOTAL EARNED INCOME & NET PROFIT .....	\$		\$	
10. TAX LIABILITY .....	\$		\$	
11. LOCAL WAGE TAX WITHHELD (Per W-2's) .....	\$		\$	
12. QUARTERLY PAYMENTS	TAXPAYER	SPOUSE		
1st Quarter .....				
2nd Quarter .....				
3rd Quarter .....				
4th Quarter .....			\$	\$
13. CREDITS FROM LAST YEAR .....	\$		\$	
14. OTHER TAX CREDITS ( .....	)\$		\$	
15. TOTAL TAX CREDITS (Add lines 11, 12, 13 & 14) .....	\$		\$	
16. TOTAL CREDITS AGAINST TAX .....	\$		\$	
17. TAX REFUND DUE (If line 16 is greater than line 10) .....	\$		\$	
18. TAX DUE (If line 10 is greater than line 16)				
	TAXPAYER	SPOUSE	\$	\$
INTEREST DUE .....				
PENALTY DUE .....				
TOTAL AMOUNT OF INTEREST AND PENALTY DUE TO LOCAL .....	\$		\$	
NET TAX DUE .....	\$		\$	
NET REFUND .....	\$		\$	

Date

Date

SIGNATURE (TAXPAYER)

SIGNATURE (SPOUSE)

Make Checks Payable to:

Mail to:

PREPARED BY: H&R BLOCK

ZIP Code 18407 Date 04/10/2008

# Final Earned Income Tax Return

TAXING AUTHORITY OF RESIDENCE: DON WILKINSON

CITY, TWP, OR BORO: CARBONDALE TWP

SCHOOL DISTRICT: LAKELAND

TAXPAYER: CATANZARO DAVID J

SPOUSE: CATANZARO SHABIDA

ADDRESS: 286 UPPER POWDERLY STREET

Tax Year: 2007

Tax Rate: 0.5000

SS#: [REDACTED]

SS#: [REDACTED]

CARBONDALE PA 18407

Has Taxpayer Address Changed?: ☐ Yes ☒ No

Check if this is a First Time Filing: ☐

LEGAL RESIDENCE FOR THIS TAX YEAR (IF CHANGED WITH- IN THE YEAR):

No. months

TAXPAYER

SPOUSE

TAXPAYER

SPOUSE

1. WAGES, TIPS AND OTHER COMPENSATION .....	\$		\$	
2. LESS ALLOWABLE BUSINESS EXPENSES .....	\$(		)\$	
3. SUB- TOTAL (LINE 1 FROM LINE 2) .....	\$	0.00	\$	0.00
4. OTHER TAXABLE EARNED INCOME (IDENTIFY SOURCE .....	)\$		\$	
5. SUB- TOTAL (LINE 3 PLUS LINE 4) .....	\$		\$	
6. NET LOSS FROM BUSINESS (Sch. C, E, F or K-1) .....	\$(	8,269.00	)\$	
7. SUB- TOTAL OF INCOME (NOT LESS THAN ZERO) .....	\$		\$	
8. NET PROFIT FROM BUSINESS .....	\$		\$	
9. TOTAL EARNED INCOME & NET PROFIT .....	\$		\$	
10. TAX LIABILITY .....	\$		\$	
11. LOCAL WAGE TAX WITHHELD (Per W-2's) .....	\$		\$	
12. QUARTERLY PAYMENTS	TAXPAYER	SPOUSE		
1st Quarter .....				
2nd Quarter .....				
3rd Quarter .....				
4th Quarter .....			\$	\$
13. CREDITS FROM LAST YEAR .....	\$		\$	
14. OTHER TAX CREDITS ( .....	)\$		\$	
15. TOTAL TAX CREDITS (Add lines 11, 12, 13 & 14) .....	\$		\$	
16. TOTAL CREDITS AGAINST TAX .....	\$		\$	
17. TAX REFUND DUE (If line 16 is greater than line 10) .....	\$		\$	
18. TAX DUE (If line 10 is greater than line 16)	TAXPAYER	SPOUSE	\$	\$
INTEREST DUE .....				
PENALTY DUE .....				
TOTAL AMOUNT OF INTEREST AND PENALTY DUE TO LOCAL .....	\$		\$	
NET TAX DUE .....	\$		\$	
NET REFUND .....	\$		\$	

\_\_\_\_\_  
 SIGNATURE (TAXPAYER) \_\_\_\_\_ Date \_\_\_\_\_ SIGNATURE (SPOUSE) \_\_\_\_\_ Date \_\_\_\_\_

Make Checks Payable to: \_\_\_\_\_ Mail to: \_\_\_\_\_

PREPARED BY: H&R BLOCK

ZIP Code 18407 Date 04/10/2008

## IRS e-file Signature Authorization

Department of the Treasury  
Internal Revenue Service

► Do not send to the IRS. This is not a tax return.  
► Keep this form for your records. See instructions.

2008

Declaration Control Number (DCN) 00-230662-9

Taxpayer's name

DAVID J CATANZARO

Social security number

Spouse's name

SHABIDA CATANZARO

Spouse's social security number

**Part I Tax Return Information - Tax Year Ending December 31, 2008 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	(5,325.)
2	Total tax (Form 1040, line 61; Form 1040A, line 37; Form 1040EZ, line 11)	2	0.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 38; Form 1040EZ, line 7)	3	0.
4	Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4	128.
5	Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 13)	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2008, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

☒ I authorize **HR BLOCK** ERO firm name to enter or generate my PIN **13006**  
as my signature on my tax year 2008 electronically filed income tax return.  
Enter five numbers, but do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature **COPY ONLY** Date **04/13/2009****Spouse's PIN: check one box only**

☒ I authorize **HR BLOCK** ERO firm name to enter or generate my PIN **16730**  
as my signature on my tax year 2008 electronically filed income tax return.  
Enter five numbers, but do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature **COPY ONLY** Date **04/13/2009****Practitioner PIN Method Returns Only - continue below****Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

23066200912

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2008 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature **COPY ONLY** Date **04/13/2009**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Declaration Control Number (DCN)

00-230662-9

Taxpayer's Name

CATANZARO DAVID J

Social Security Number

Spouse's Name

CATANZARO SHABIDA

Spouse's Social Security Number

**PART I Tax Return Information - Tax Year Ending Dec. 31, 2008 (Whole dollars only)**

1. Adjusted PA Taxable Income (Form PA- 40, Line 11) ..... 1. 0

2. PA Tax Liability (Form PA- 40, Line 12) ..... 2. 0

3. Total PA Tax Withheld (Form PA- 40, Line 13) ..... 3. 0

4. Refund (Form PA- 40, Line 29) ..... 4. 0

5. Total Payment (Tax Due) (Form PA- 40, Line 27) ..... 5. 0

**PART II Declaration and Signature Authorization of Taxpayer**

Under penalties of perjury, I declare that I examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2008 PA Tax Return (Form PA- 40) and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (Direct Debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

**Taxpayer's Personal Identification Number (PIN): (check one box only)**

☒ I authorize **HR Block** to enter my PIN **13006** as my signature on my tax year 2008 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return.

Your signature \_\_\_\_\_ Date **04/13/2009**

**Spouse's PIN: (check one box only)**

☒ I authorize **HR Block** to enter my PIN **16730** as my signature on my tax year 2008 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return.

Spouse's signature \_\_\_\_\_ Date **04/13/2009**

**Practitioner PIN Program Participants Only - Continue Below****PART III Certification and Authentication**

ERO's EFIN/PIN. Enter your six- digit EFIN followed by your five- digit self- selected PIN **23066200912**

As a participant in the Practitioner PIN Program, I certify that the above numeric entry is my PIN, which is my signature on the tax year 2008 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature \_\_\_\_\_ Date **04/13/2009**

**ERO Must Retain This Form and the Supporting Documents for three years.**  
**DO NOT SUBMIT THIS FORM TO PENNSYLVANIA DEPARTMENT OF REVENUE**

Label

Use the  
IRS label.Otherwise,  
please print  
or type.L  
A  
B  
E  
L  
H  
E  
R  
E

For the year Jan. 1- Dec. 31, 2008, or other tax year beginning . . . , 2008, ending . . . , 20

**DAVID J CATANZARO**  
**SHABIDA CATANZARO**  
**286 UPPER POWDERLY STREET**  
**CARBONDALE, PA 18407**

OMB No. 1545- 0074

Your social security number

Spouse's social security number

You MUST enter  
your SSN(s) above.Checking a box below will not  
change your tax or refund.

Presidential

Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ▶

You Spouse

Filing Status

- 1 ☐ Single 4 ☐ Head of household (with qualifying person). (See page 15.)
- 2 ☒ Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this
- 3 ☐ Married filing separately. Enter spouse's SSN above & full name below. child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (see page 16)

Check only  
one box.

Exemptions

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a . . . . . } Boxes checked  
on 6a and 6b 2
- b ☒ Spouse . . . . . } No. of children  
on 6c who:
- c Dependents:
- | (1) First name | Last name | (2) Dependent's<br>social security number | (3) Dependent's<br>relationship to<br>you | (4) <input checked="" type="checkbox"/> if qual.<br>child for<br>child tax cr. | • lived with you 1 | • did not live with you<br>due to divorce<br>or separation |
|----------------|-----------|---|---|--|--------------------|--|
| ASHLEY         | CATANZARO |   | DAUGHTER                                  | <input checked="" type="checkbox"/>  |                    |  |
|                |           |   |   |  |                    |  |
|                |           |   |   |  |                    |  |
|                |           |   |   |  |                    |  |
- Dependents  
on 6c not  
entered above
- d Total number of exemptions claimed . . . . . Add numbers  
on lines  
above ▶ 3

If more  
than four  
dependents,  
see page 17.

## Income

Attach Form(s)  
W- 2 here. Also  
attach Forms  
W- 2G and  
1099- R if tax  
was withheld.If you did not  
get a W- 2,  
see page 21.Enclose, but do  
not attach, any  
payment. Also,  
please use  
Form 1040- V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W- 2 . . . . . 7
- 8a Taxable interest. Attach Schedule B if required . . . . . 8a
- b Tax- exempt interest. Do not include on line 8a . . . . . 8b
- 9a Ordinary dividends. Attach Schedule B if required . . . . . 9a
- b Qualified dividends (see page 21) . . . . . 9b
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22) . . . . . 10
- 11 Alimony received . . . . . 11
- 12 Business income or (loss). Attach Schedule C or C- EZ . . . . . 12 392.
- 13 Capital gain/ (loss). Attach Sch D. If not required, check here ▶ ☐ 13
- 14 Other gains or (losses). Attach Form 4797 . . . . . 14
- 15a IRA distributions . . . . . 15a b Taxable amt . . . . . 15b
- 16a Pensions and annuities . . . . . 16a b Taxable amt . . . . . 16b
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . . 17
- 18 Farm income or (loss). Attach Schedule F . . . . . 18
- 19 Unemployment compensation . . . . . 19
- 20a Social security benefits . . . . . 20a b Taxable amt . . . . . 20b
- 21 Other income. List type and amount (see page 28)  
NOL (5,717.) . . . . . 21 (5,717.)
- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income . . . . . 22 (5,325.)

Adjusted  
Gross  
Income

- 23 Educator expenses (see page 28) . . . . . 23
- 24 Certain business expenses of reservists, performing artists, and  
fee- basis government officials. Attach Form 2106 or 2106- EZ . . . . . 24
- 25 Health savings account deduction. Attach Form 8889 . . . . . 25
- 26 Moving expenses. Attach Form 3903 . . . . . 26
- 27 One- half of self- employment tax. Attach Schedule SE . . . . . 27
- 28 Self- employed SEP, SIMPLE, and qualified plans . . . . . 28
- 29 Self- employed health insurance deduction (see page 29) . . . . . 29
- 30 Penalty on early withdrawal of savings . . . . . 30
- 31a Alimony paid b Recipient's SSN ▶ . . . . . 31a
- 32 IRA deduction (see page 30) . . . . . 32
- 33 Student loan interest deduction (see page 33) . . . . . 33
- 34 Tuition and fees deduction. Attach Form 8917 . . . . . 34
- 35 Domestic production activities deduction. Attach Form 8903 . . . . . 35
- 36 Add lines 23 through 31a and 32 through 35 . . . . . 36
- 37 Subtract line 36 from line 22. This is your adjusted gross income . . . . . 37 (5,325.)

**Tax and Credits**

38	Amount from line 37 (adjusted gross income)	38	(5,325.)
39a	Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 34 & check here <input type="checkbox"/> 39b		
c	Check if standard deduction includes real estate taxes or disaster loss (see page 34) <input type="checkbox"/> 39c		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10,900.
41	Subtract line 40 from line 38	41	(16,225.)
42	If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d	42	10,500.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax (see page 36) Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	0.
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	0.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 42). Attach Form 8901 if required	52	
53	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 47 through 54. These are your TOTAL CREDITS	55	
56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-	56	0.

**Standard Deduction for -**

• People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see page 34.

• All others:

Single or Married filing separately, \$5,450

Married filing jointly or Qualifying widow(er), \$10,900

Head of household, \$8,000

**Other Taxes**

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	60	
61	Add lines 56 through 60. This is your total tax	61	0.

**Payments**

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	
63	2008 estimated tax payments and amount applied from 2007 return	63	
64a	Earned income credit (EIC)	64a	128.
b	Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Excess social security and tier 1 RRTA tax withheld (see page 61)	65	
66	Additional child tax credit. Attach Form 8812	66	
67	Amount paid with request for extension to file (see page 61)	67	
68	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	68	
69	First-time homebuyer credit. Attach Form 5405	69	
70	Recovery rebate credit (see worksheet on pages 62 and 63)	70	
71	Add lines 62 through 70. These are your total payments	71	128.

**Refund**

Direct deposit? See page 63 and fill in 73b, 73c, and 73d, or Form 8888.

72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	128.
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	73a	128.
b	Routing number		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		

**Amount****You Owe**

74	Amount of line 72 you want applied to your 2009 estimated tax	74	
75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65	75	
76	Estimated tax penalty (see page 65)	76	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 66)? ☒ Yes. Complete the following. ☐ No

Designee's name **HR BLOCK** Phone no. **(570) 282-3311** Personal ID number **(PIN) 36939**

**Sign Here**

Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<b>For Info Only-Do not file</b>		<b>MUSICIAN</b>	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<b>For Info Only-Do not file</b>		<b>HOMEMAKER</b>	

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
<i>[Signature]</i>	<b>4/13/2009</b>		<b>P00133052</b>
Firm's name (or yours if self-employed), address, and ZIP code	<b>H AND R BLOCK</b>		
	<b>CARBONDALE, PA 18407</b>		
	EIN <b>23-2223111</b>		
	Phone no. <b>(570) 282-3311</b>		

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2008**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.  
► Attach to Form 1040, 1040NR, or 1041. ► See Instructions for Schedule C (Form 1040).

Name of proprietor

**DAVID J CATANZARO**

Social security number (SSN)

**A** Principal business or profession, including product or service (see page C- 3 of the instructions)

**MUSICIAN : MUSIC**

**B** Enter code from pages C- 9, 10, & 11

► **711510**

**C** Business name. If no separate business name, leave blank.

**DAVID JOSEPH MUSIC**

**D** Employer ID number (EIN), if any

**E** Business address (including suite or room no.) ► **286 UPPER POWDERLY STREET**

City, town or post office, state, and ZIP code **CARBONDALE, PA 18407**

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

**G** Did you "materially participate" in the operation of this business during 2008? If "No," see page C- 4 for limit on losses. ☒ Yes ☐ No

**H** If you started or acquired this business during 2008, check here

**Part I Income**

**1** Gross receipts or sales. **Caution.** See page C- 4 and check the box if:

- This income was reported to you on Form W- 2 and the "Statutory employee" box on that form was checked, or
- You are a member of a qualified joint venture reporting only rental real estate income not subject to self- employment tax. Also see page C- 4 for limit on losses.

**1** **19,651.**

**2** Returns and allowances

**2**

**3** Subtract line 2 from line 1

**3** **19,651.**

**4** Cost of goods sold (from line 42 on page 2)

**4**

**5** **Gross profit.** Subtract line 4 from line 3

**5** **19,651.**

**6** Other income, including federal and state gasoline or fuel tax credit or refund (see page C- 4)

**6**

**7** **Gross income.** Add lines 5 and 6

**7** **19,651.**

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

**8** Advertising **8** **119.**

**18** Office expense **18** **181.**

**9** Car and truck expenses (see page C- 5) **9** **4,590.**

**19** Pension and profit- sharing plans **19**

**10** Commissions and fees **10** **441.**

**20** Rent or lease (see page C- 6):

**11** Contract labor (see page C- 5) **11**

**a** Vehicles, machinery, and equipment **20a**

**12** Depletion **12**

**b** Other business property **20b**

**13** Depreciation and section 179 expense deduction (not included in Part III) (see page C- 5) **13**

**21** Repairs and maintenance **21**

**14** Employee benefit programs (other than on line 19) **14**

**22** Supplies (not included in Part III) **22** **11,943.**

**15** Insurance (other than health) **15**

**23** Taxes and licenses **23**

**16** Interest:

**24** Travel, meals, and entertainment:

**a** Mortgage (paid to banks, etc.) **16a**

**a** Travel **24a** **580.**

**b** Other **16b**

**b** Deductible meals and entertainment (see page C- 7) **24b** **810.**

**17** Legal and professional services **17** **120.**

**25** Utilities **25**

**26** Wages (less employment credits) **26**

**27** Other expenses (from line 48 on page 2) **27** **475.**

**28** **Total expenses** before expenses for business use of home. Add lines 8 through 27

**28** **19,259.**

**29** Tentative profit or (loss). Subtract line 28 from line 7

**29** **392.**

**30** Expenses for business use of your home. Attach **Form 8829**

**30**

**31** **Net profit or (loss).** Subtract line 30 from line 29.

**31** **392.**

- If a profit, enter on both **Form 1040**, line 12, and **Schedule SE**, line 2, or on **Form 1040NR**, line 13 (if you checked the box on line 1, see page C- 7). Estates and trusts, enter on **Form 1041**, line 3.
- If a loss, you **must** go to line 32.

**32** If you have a loss, check the box that describes your investment in this activity (see page C- 8).

- If you checked 32a, enter the loss on both **Form 1040**, line 12, and **Schedule SE**, line 2, or on **Form 1040NR**, line 13 (if you checked the box on line 1, see the line 31 instructions on page C- 7). Estates and trusts, enter on **Form 1041**, line 3.
- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

- 32a** ☐ All investment is at risk.
- 32b** ☐ Some investment is not at risk.

**KBA** For Paperwork Reduction Act Notice, see page C- 9 of the instructions.

Schedule C (Form 1040) 2008

**Part III Cost of Goods Sold** (see page C-8)

<b>33</b>	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation		<b>35</b>	
<b>36</b>	Purchases less cost of items withdrawn for personal use		<b>36</b>	
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself		<b>37</b>	
<b>38</b>	Materials and supplies		<b>38</b>	
<b>39</b>	Other costs		<b>39</b>	
<b>40</b>	Add lines 35 through 39		<b>40</b>	
<b>41</b>	Inventory at end of year		<b>41</b>	
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on page 1, line 4		<b>42</b>	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-5 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month, day, year) ▶ 3/1/2007

**44** Of the total number of miles you drove your vehicle during 2008, enter the number of miles you used your vehicle for:

a Business 8510 b Commuting (see instructions) 0 c Other 3490

**45** Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

**46** Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

**47a** Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

<b>LONG DISTANCE PHONE</b>	<b>250.</b>
<b>INTERNET USAGE</b>	<b>225.</b>
<b>48 Total other expenses.</b> Enter here and on page 1, line 27.	<b>475.</b>



**SCHEDULE SE**  
**(Form 1040)**

**Self-Employment Tax**

OMB No. 1545- 0074

**2008**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule SE (Form 1040).**

Name of person with **self-employment** income (as shown on Form 1040)

Social security number of person  
with **self-employment** income ▶

**DAVID J CATANZARO**

**Who Must File Schedule SE**

You must file Schedule SE if:

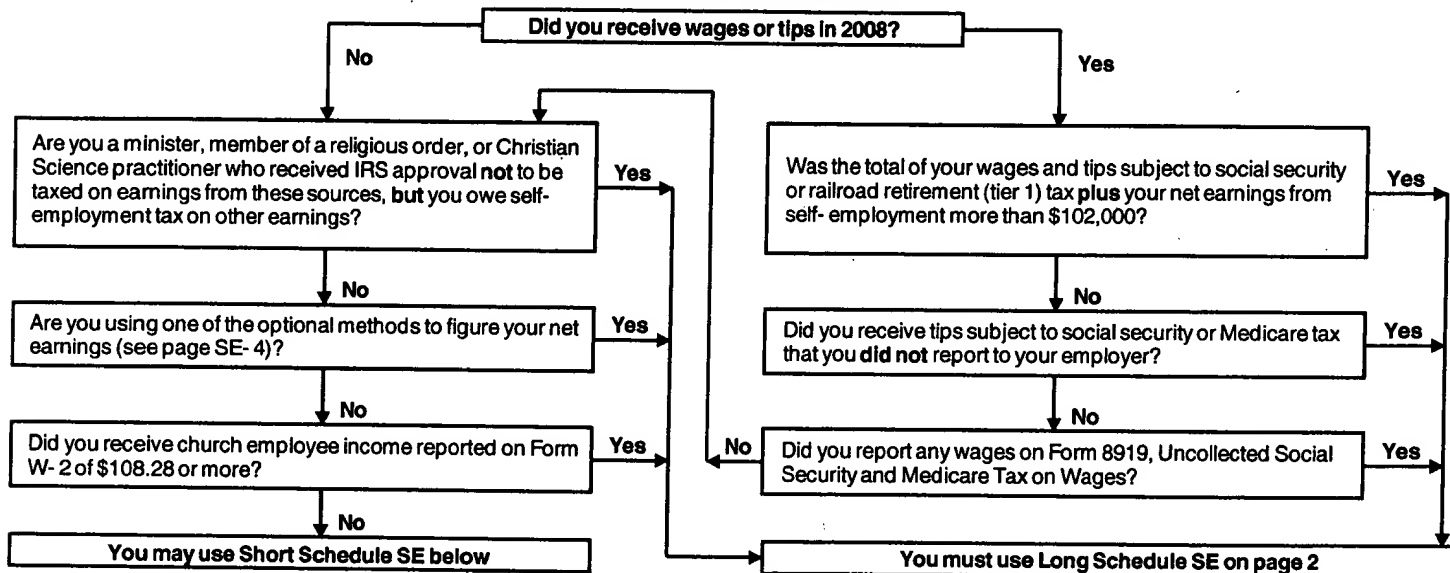
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income (see page SE- 1).

**Note.** Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE- 4).

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt- Form 4361" on Form 1040, line 57.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.

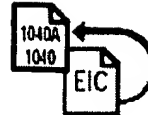


**Section A - Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K- 1 (Form 1065), box 14, code A	<b>1a</b>	<b>0 .</b>
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K- 1 (Form 1065), box 20, code X	<b>1b</b>	
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C- EZ, line 3; Schedule K- 1 (Form 1065), box 14, code A (other than farming); and Schedule K- 1 (Form 1065- B), box 9, code J1. Ministers and members of religious orders, see page SE- 1 for types of income to report on this line. See page SE- 3 for other income to report	<b>2</b>	<b>392 .</b>
<b>3</b> Combine lines 1a, 1b, and 2	<b>3</b>	<b>392 .</b>
<b>4</b> Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	<b>4</b>	<b>362 .</b>
<b>5</b> Self-employment tax. If the amount on line 4 is: • \$102,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57. • More than \$102,000, multiply line 4 by 2.9% (.029). Then, add \$12,648 to the result. Enter the total here and on Form 1040, line 57	<b>5</b>	
<b>6</b> Deduction for one- half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	<b>6</b>	<b>0 .</b>

**KBA** For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2008

**SCHEDULE EIC**  
(Form 1040A or 1040)Department of the Treasury  
Internal Revenue Service (99)**Earned Income Credit**  
**Qualifying Child Information**Complete and attach to Form 1040A or 1040  
only if you have a qualifying child.

OMB No. 1545-0074

**2008**Attachment  
Sequence No. **43**

Name(s) shown on return

Your social security number

**DAVID J & SHABIDA CATANZARO**

- Before you begin:**
- See the instructions for Form 1040A, lines 40a and 40b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
  - Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See separate instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information****Child 1****Child 2**

	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than two qualifying children, you only have to list two to get the maximum credit.	<b>ASHLEY CATANZARO</b>			
<b>2 Child's SSN</b> The child must have an SSN as defined on page 43 of the Form 1040A instructions or page 49 of the Form 1040 instructions unless the child was born and died in 2008. If your child was born and died in 2008 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.				
<b>3 Child's year of birth</b>	Year <b>2007</b> If born after 1989, skip lines 4a and 4b; go to line 5.		Year _____ If born after 1989, skip lines 4a and 4b; go to line 5.	
<b>4 If the child was born before 1990 -</b>				
<b>a</b> Was the child under age 24 at the end of 2008 and a student?	<input type="checkbox"/> Yes. Go to line 5. <input type="checkbox"/> No. Continue.		<input type="checkbox"/> Yes. Go to line 5. <input type="checkbox"/> No. Continue.	
<b>b</b> Was the child permanently and totally disabled during any part of 2008?	<input type="checkbox"/> Yes. Continue. <input type="checkbox"/> No. The child is not a qualifying child.		<input type="checkbox"/> Yes. Continue. <input type="checkbox"/> No. The child is not a qualifying child.	
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	<b>DAUGHTER</b>			
<b>6 Number of months child lived with you in the United States during 2008</b>  • If the child lived with you for more than half of 2008 but less than 7 months, enter "7." • If the child was born or died in 2008 and your home was the child's home for the entire time he or she was alive during 2008, enter "12."	<b>12</b> months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	



You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2008, and (b) is a U.S. citizen, U.S. national, or U.S. resident alien. For more details, see the instructions for line 41 of Form 1040A or line 66 of Form 1040.

**KBA** For Paperwork Reduction Act Notice, see Form 1040A or 1040 Instructions.

Schedule EIC (Form 1040A or 1040) 2008

**PA- 40 - 2008**  
**Pennsylvania Income Tax Return**  
**ENTER ONE LETTER OR NUMBER IN EACH BOX.**  
**Do Not Use Your Preprinted Label**

CATANZARO

DAVID

J

Occupation MUSICIAN

SHABIDA

Occupation HOMEMAKER

CATANZARO

286 UPPER POWDERLY STREET

CARBONDALE

PA 18407

570 282 4889

35460

N Extension.

N Amended Return.

R Residency Status.  
 PA Resident/Nonresident/Part- Year Resident  
 from to

J Single/Married, Filing Jointly/Married,  
 Filing Separately/ Final Return/Deceased  
 Date of death

N Farmers.

School District Name LAKELAND

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
- 1b Unreimbursed Employee Business Expenses.
- 1c Net Compensation. Subtract Line 1b from Line 1a.
- 2 Interest Income. Complete **PA Schedule A** if required.
- 3 Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required.
- 4 Net Income or Loss from the Operation of a Business, Profession, or Farm.
- 5 Net Gain or Loss from the Sale, Exchange, or Disposition of Property.
- 6 Net Income or Loss from Rents, Royalties, Patents, or Copyrights.
- 7 Estate or Trust Income. Complete and submit **PA Schedule J**.
- 8 Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.
- 9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7, and 8. **DO NOT ADD** any losses reported on Lines 4, 5, or 6.
- 10 **Other Deductions.** Enter the appropriate code for the type of deduction. See the instructions for additional information.
- 11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1a	0
1b	0
1c	0
2	0
3	0
4	- 418
5	0
6	0
7	0
8	0
9	0
10	0
11	0

N

EC

Page 1 of 2

FC

PA- 40 - 2008  
Social Security Number

Name(s) CATANZARO DAVID J & SHABIDA

12 **PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).**

13 **Total PA Tax Withheld. See the instructions.**

14 **Credit from your 2007 PA Income Tax return.**

15 **2008 Estimated Installment Payments.**

16 **2008 Extension Payment.**

17 **Nonresident Tax Withheld from your PA Schedule(s) NRK- 1. (Nonresidents only)**

18 **Total Estimated Payments and Credits. Add Lines 14, 15, 16, and 17.**

**Tax Forgiveness Credit. Submit PA Schedule SP.**

19a **Filing Status:** 01 Unmarried or Separated 02 Married 03 Deceased

19b **Dependents, Part B, Line 2, PA Schedule SP**

20 **Total Eligibility Income from Part C, Line 11, PA Schedule SP.**

21 **Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.**

22 **Resident Credit. Submit your PA Schedule(s) G- R with your PA Schedule(s) G- S, G- L and/or RK- 1.**

23 **Total Other Credits. Submit your PA Schedule OC.**

24 **TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22, and 23.**

25 **TAX DUE. If Line 12 is more than Line 24, enter the difference here.**

26 **Penalties and Interest. See the instructions. Enter Code:**  
If including form REV- 1630, mark the box. **N**

27 **TOTAL PAYMENT. Add Lines 25 and 26.**

28 **OVERPAYMENT. If Line 24 is more than the total of Line 12 and Line 26, enter the difference here.**

**The total of Lines 29 through 35 must equal Line 28.**

29 **Refund - Amount of Line 28 you want as a check mailed to you. Refund**

30 **Credit - Amount of Line 28 you want as a credit to your 2009 estimated account.**

31 **Amount of Line 28 you want to donate to the Wild Resource Conservation Fund.**

32 **Amount of Line 28 you want to donate to the Military Family Relief Assistance Program.**

33 **Amount of Line 28 you want to donate to the Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund.**

34 **Amount of Line 28 you want to donate to the Juvenile (Type 1) Diabetes Cure Research Fund.**

35 **Amount of Line 28 you want to donate to the PA Breast Cancer Coalition's Breast and Cervical Cancer Research Fund.**

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature

FOR INFORMATION ONLY

Spouse's Signature, if filing jointly

FOR INFORMATION ONLY

Preparer's Name and Telephone Number

Date

H AND R BLOCK

(570) 282-3311

Firm FEIN

Preparer's SSN/PTIN

232223111

P00133052

# PA Schedule C

Profit or Loss From  
Business or Profession  
(SOLE PROPRIETORSHIP)  
PA-40C (10-08) (I)

0803110022

PA DEPARTMENT OF REVENUE 2008

Include with form PA-40, PA-20S/PA-65, or PA-41

OFFICIAL USE ONLY

Name of owner as shown on PA tax return:

DAVID J CATANZARO

Owner's

Social Security Number

A. Main business activity ▶ **MUSICIAN**

; product or service ▶ **MUSIC**

B. Business Name ▶ **DAVID JOSEPH MUSIC**

C. Employer Identification Number

D. Business address (number and street) **286 UPPER POWDERLY STREET**

City, State, and ZIP Code ▶ **CARBONDALE, PA 18407**

C

E. Method(s) used to value closing inventory, check the appropriate box:

Sales Tax License Number (if applicable)

(1) ☒ Cost (2) ☐ Lower of cost or market

(3) ☐ Other (if other, attach explanation)

F. Accounting method, check the appropriate box:

(1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G. Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.

H. Did you deduct expenses for an office in your home?

I. If the business is out of existence, check this box

Yes	No
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

Federal NAICS Code  
**711510**

## PART I Income

1. a. Gross receipts or sales	1a.	<b>19,65100</b>	
b. Returns and allowances	1b.	<b>000</b>	
c. Balance (subtract Line 1b from Line 1a)	1c.	<b>19,65100</b>	
2. Cost of goods sold and/or operations (Schedule C-1, Line 8)	2.	<b>000</b>	
3. Gross profit (subtract Line 2 from Line 1c)	3.	<b>19,65100</b>	
4. Other income (submit statement) Include interest from accounts receivable, business checking accounts and other business accounts. Also include sales of operational assets. See Instructions Booklet	4.	<b>000</b>	
5. Total income (add Lines 3 and 4)	5.	<b>19,65100</b>	

## PART II Deductions

6. Advertising	<b>11900</b>	28. Supplies (not included on Sch C-1)	<b>11,94300</b>
7. Amortization		29. Taxes	
8. Bad debts from sales or services		30. Telephone	
9. Bank charges		31. Travel and entertainment	<b>2,20000</b>
10. Car and truck expenses	<b>4,59000</b>	32. Utilities	
11. Commissions	<b>44100</b>	33. Wages	
12. Cost depletion but not percentage depletion		34. Other expenses (specify):	
13. a. Regular depreciation		a. <b>LONG DISTANCE P</b>	<b>25000</b>
13. b. Section 179 expense		b. <b>INTERNET USAGE</b>	<b>22500</b>
14. Dues and publications		c.	
15. Employee benefit programs other than on Line 23		d.	
16. Freight (not included on Schedule C-1)		e.	
17. Insurance		f.	
18. Interest on business indebtedness		g.	
19. Laundry and cleaning		h.	
20. Legal and professional services	<b>12000</b>	i.	
21. Management fees		j.	
22. Office supplies	<b>18100</b>	k.	
23. Pension and profit-sharing plans for employees		34. Total other expenses	<b>47500</b>
24. Postage		35. Total Expenses (add Lines 6 through 34)	<b>20,06900</b>
25. Rent on business property		36. Reduce expenses by the total business credits claimed (for example, Employment Incentive Payments Credit) on your PA-40.	<b>000</b>
26. Repairs			
27. Subcontractor fees			
37. Total adjusted expenses (Subtract Line 36 from Line 35)		37.	<b>20,06900</b>
38. Net profit or loss (subtract Ln 37 from Ln 5). If a net loss, check the box. Enter the result on your PA tax return.	Loss <input checked="" type="checkbox"/>	38.	<b>-41800</b>

**Name of owner as shown on PA tax return:**

Social Security Number

**DAVID J CATANZARO**

**SCHEDULE C-1 - Cost of Goods Sold and/or Operations**

1. Inventory at beginning of year (if different from last year's closing inventory, attach explanation) .....	1.	000
2. a. Purchases .....	2a.	
b. Cost of items withdrawn for personal use .....	2b.	
c. Balance (subtract Line 2b from Line 2a) .....	2c.	
3. Cost of labor (do not include salary paid to yourself or subcontractor fees) .....	3.	
4. Materials and supplies .....	4.	
5. Other costs (include schedule) .....	5.	
6. Add Lines 1, 2c, 3, 4, and 5 .....	6.	
7. Inventory at end of year .....	7.	
8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Part 1, Line 2 .....	8.	000

### SCHEDULE C-2 Depreciation

PA PIT law does not permit the bonus depreciation elections added to the Internal Revenue Code (IRC) in 2002 and 2003. PA PIT law limits IRC Section 179 current expensing to the expensing allowed at the time you placed the asset into service or in effect under the IRC of 1986 as amended Jan. 1, 1997. For each asset, you must also report straight- line depreciation, unless not using an optional accelerated depreciation method. You need the amount of straight- line depreciation to take advantage of Pennsylvania's Tax Benefit Rule when you sell the asset. See the PA PIT Guide for the Tax Benefit Rule.

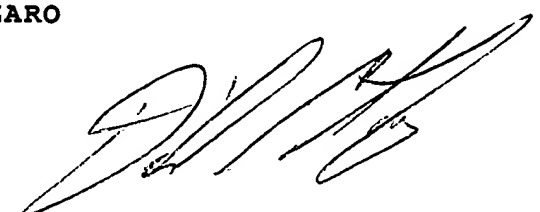
1. Total Section 179 depreciation (do not include in items below) .....						1.		
2. Less: Section 179 depreciation included in Schedule C- 1 .....						2.		
3. Balance (subtract Line 2 from Line 1). Enter here and on Part II, Line 13b .....						3.		
Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)		
4. Other depreciation:								
Buildings .....								
Furniture and fixtures .....								
Transportation equipment ..								
Machinery & other equipment								
Other (specify) .....								
5. Totals (add all Line 4 amounts) .....						5.		
6. Any depreciation included in <b>Schedule C- 1</b> .....						6.		
7. Balance (subtract Line 6 from Line 5). Enter here and on Part II, Line 13a .....						7.		

**Paid Preparer's Earned Income Credit Checklist**

▶ Do not send to the IRS. Keep for your records.

For the definitions of the following terms, see **Pub. 596** for the year for which you are completing this form.• **Investment Income**• **Qualifying Child**• **Earned Income****A** Taxpayer's name ▶ **DAVID J CATANZARO****B** If joint return, spouse's name ▶ **SHABIDA CATANZARO****Part I All Taxpayers****1** Year after 2005 for which you are completing this form ▶ **2008****2** Is the taxpayer's filing status married filing separately? . . . . .☐ Yes☒ No▶ If you checked "Yes" on line 2, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.**3** Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering. . . . .☒ Yes☐ No▶ If you checked "No" on line 3, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.**4** Is the taxpayer filing Form 2555 or Form 2555- EZ (relating to the exclusion of foreign earned income)? . . . . .☐ Yes☒ No▶ If you checked "Yes" on line 4, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.**5a** Was the taxpayer a nonresident alien for any part of the year on line 1? . . . . .☐ Yes☒ No

▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

**b** Is the taxpayer's filing status married filing jointly? . . . . .☐ Yes☐ No▶ If you checked "Yes" on line 5a and "No" on line 5b, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.**6** Is the taxpayer's **Investment Income** more than the limit that applies to the year on line 1? See Pub. 596 for the limit . . . . .☐ Yes☒ No▶ If you checked "Yes" on line 6, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.**7** Could the taxpayer, or the taxpayer's spouse if filing jointly, be a **qualifying child** of another person for the year on line 1? . . . . .☐ Yes☒ No▶ If you checked "Yes" on line 7, **stop**; the taxpayer **cannot** take the EIC. Otherwise, go to Part II or Part III, whichever applies.**KBA** For Paperwork Reduction Act Notice, see page 4.Form **8867** (Rev. 12-2006)Information provided by: **DAVID J CATANZARO**  
Information provided in person.

**Part III Taxpayers With a Child**

**Caution.** If there are two children, complete lines 8 through 14 for one child before going to the next column.

**Child 1****Child 2****ASHLEY  
CATANZARO**

<b>8</b> Child's name . . . . .	<b>ASHLEY CATANZARO</b>	
<b>9</b> Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>10</b> Is either of the following true? • The child is unmarried, or • The child is married and can be claimed as the taxpayer's dependent. . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11</b> Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12</b> Was the child (at the end of the year on line 1) - • Under age 19, • Under age 24 and a full-time student (see definition in Pub. 596), or • Any age and permanently and totally disabled? . . . . . ▶ If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child. If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than two qualifying children). If the taxpayer does not have a qualifying child, go to Part III to see if the taxpayer can take the EIC for taxpayers who do not have a qualifying child.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>13a</b> Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child? . . . . . ▶ If you checked "No" on lines 13a, go to line 14. Otherwise, go to line 13b.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Enter the child's relationship to the other person(s) . . . . .		
<b>c</b> If the tiebreaker rules apply, would the child be treated as the taxpayer's qualifying child? See the instructions before answering . . . . . ▶ If you checked "Yes" on line 13c, go to line 14. Otherwise, explain to the taxpayer that if both the taxpayer and the other person(s) claim any of the six tax benefits listed on page 4, the IRS will apply the tiebreaker rules, and the taxpayer's benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than two qualifying children).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<b>14</b> Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering . . . . . ▶ If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than two qualifying children). If you checked "Yes" on line 14, continue.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15</b> Are the taxpayer's <b>earned income</b> and <b>adjusted gross income</b> each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit . . . . . ▶ If you checked "No" on line 15, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete <b>Schedule EIC</b> and attach it to the taxpayer's return. If there are two qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if <b>Form 8862</b> must be filed. Go to line 20.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



**Part III Taxpayers Without a Qualifying Child**

- 16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.) ☐ Yes ☐ No
- ▶ If you checked "No" on line 16, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.
- 17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of the year on line 1? ☐ Yes ☐ No
- ▶ If you checked "No" on line 17, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.
- 18 Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for the year on line 1? ☐ Yes ☐ No
- ▶ If you checked "Yes" on line 18, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.
- 19 Are the taxpayer's **earned income** and **adjusted gross income** each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit ☐ Yes ☐ No
- ▶ If you checked "No" on line 19, the taxpayer **cannot** take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if **Form 8862** must be filed. Go to line 20.

**Part IV Due Diligence Requirements**

- 20 Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you? ☒ Yes ☐ No
- 21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)? ☒ Yes ☐ No
- 22 Did you comply with knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete.) ☒ Yes ☐ No
- 23 Did you keep the following records?
- Form 8867 (or your own form or files),
  - The EIC worksheet(s) or your own worksheet(s), and
  - A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained
- ☒ Yes ☐ No
- ▶ If you checked "Yes" on lines 20, 21, 22, and 23, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.
- ▶ If you checked "No" on lines 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$100 penalty for each failure to comply.

**General Instructions**

**Do not** use this form for a year before 2006. Instead, use the November 2002 version of the form for years after 2001 but before 2006.

**Purpose of Form**

Paid preparers of federal income tax returns or claims for refund involving the earned income credit (EIC) must meet the due diligence requirements in determining if the taxpayer is eligible for, and the amount of, the EIC. Failure to do so could result in a \$100 penalty for each failure. See Internal Revenue Code section 6695 (g) and Part IV of this form.

**Specific Instructions****Line 2**

If the taxpayer was married at the end of the year, he or she must usually file a joint return to take the EIC. However, if the taxpayer and his or her spouse did not live together for the last 6 months of the year, the taxpayer may be eligible to use the head of household filing status. See Pub. 501 for details.

**Line 3**

For purposes of taking the EIC, an SSN issued by the Social Security Administration (SSA) is not valid if "Not Valid for Employment" is printed on the social security card and the number was issued solely to apply for or receive a federally funded benefit. Any other SSN issued by the SSA is valid for EIC purposes. You may find it useful to look at the social security card.

# Final Earned Income Tax Return

TAXING AUTHORITY OF RESIDENCE: **FLORENCE LARKIN**

CITY, TWP, OR BORO: **CARBONDALE TWP**

SCHOOL DISTRICT: **LAKELAND**

TAXPAYER: **CATANZARO DAVID J**

SPOUSE: **CATANZARO SHABIDA**

ADDRESS: **286 UPPER POWDERLY STREET**

Tax Year: **2008**

Tax Rate: **0.5000**

SS#: **[REDACTED]**

SS#: **[REDACTED]**

**CARBONDALE PA 18407**

Has Taxpayer Address Changed?: ☐ Yes ☒ No

Check if this is a First Time Filing: ☐

LEGAL RESIDENCE FOR THIS TAX YEAR (IF CHANGED WITH- IN THE YEAR):

No. months

TAXPAYER

SPOUSE

TAXPAYER

SPOUSE

1. WAGES, TIPS AND OTHER COMPENSATION .....	\$		\$	
2. LESS ALLOWABLE BUSINESS EXPENSES .....	\$ (		\$	
3. SUB- TOTAL (LINE 1 FROM LINE 2) .....	\$	<b>0.00</b>	\$	<b>0.00</b>
4. OTHER TAXABLE EARNED INCOME (IDENTIFY SOURCE .....	\$		\$	
5. SUB- TOTAL (LINE 3 PLUS LINE 4) .....	\$		\$	
6. NET LOSS FROM BUSINESS (Sch. C, E, For K- 1) .....	\$ (	<b>418.00</b>	\$	
7. SUB- TOTAL OF INCOME (NOT LESS THAN ZERO) .....	\$		\$	
8. NET PROFIT FROM BUSINESS .....	\$		\$	
9. TOTAL EARNED INCOME & NET PROFIT .....	\$		\$	
10. TAX LIABILITY .....	\$		\$	
11. LOCAL WAGE TAX WITHHELD (Per W- 2's) .....	\$		\$	
12. QUARTERLY PAYMENTS	TAXPAYER	SPOUSE		
1st Quarter .....				
2nd Quarter .....				
3rd Quarter .....				
4th Quarter .....			\$	\$
13. CREDITS FROM LAST YEAR .....	\$		\$	
14. OTHER TAX CREDITS ( .....	\$		\$	
15. TOTAL TAX CREDITS (Add lines 11, 12, 13 & 14) .....	\$		\$	
16. TOTAL CREDITS AGAINST TAX .....	\$		\$	
17. TAX REFUND DUE (If line 16 is greater than line 10) .....	\$		\$	
18. TAX DUE (If line 10 is greater than line 16)	TAXPAYER	SPOUSE	\$	\$
INTEREST DUE .....			\$	\$
PENALTY DUE .....			\$	\$
TOTAL AMOUNT OF INTEREST AND PENALTY DUE TO LOCAL .....	\$		\$	
NET TAX DUE .....	\$		\$	
NET REFUND .....	\$		\$	

SIGNATURE (TAXPAYER)

Make Checks Payable to: \_\_\_\_\_

SIGNATURE (SPOUSE)

Mail to: \_\_\_\_\_

PREPARED BY: H&R BLOCK

ZIP Code **18407** Date **04/13/2009**

# Final Earned Income Tax Return

TAXING AUTHORITY OF RESIDENCE: DON WILKINSON

CITY, TWP, OR BORO: CARBONDALE TWP

SCHOOL DISTRICT: LAKELAND

TAXPAYER: CATANZARO DAVID J

SPOUSE: CATANZARO SHABIDA

ADDRESS: 286 UPPER POWDERLY STREET

CARBONDALE PA 18407

Tax Year: 2008

Tax Rate: 0.5000

SS#: [REDACTED]

SS#: [REDACTED]

Has Taxpayer Address Changed?: ☐ Yes ☒ No

Check if this is a First Time Filing: ☐

LEGAL RESIDENCE FOR THIS TAX YEAR (IF CHANGED WITH- IN THE YEAR):

No. months

TAXPAYER

SPOUSE

TAXPAYER

SPOUSE

1. WAGES, TIPS AND OTHER COMPENSATION	\$		\$
2. LESS ALLOWABLE BUSINESS EXPENSES	\$		\$
3. SUB- TOTAL (LINE 1 FROM LINE 2)	\$		\$
4. OTHER TAXABLE EARNED INCOME (IDENTIFY SOURCE)	\$	0.00	\$ 0.00
5. SUB- TOTAL (LINE 3 PLUS LINE 4)	\$		\$
6. NET LOSS FROM BUSINESS (Sch. C, E, For K- 1)	\$		\$
7. SUB- TOTAL OF INCOME (NOT LESS THAN ZERO)	\$	418.00	\$
8. NET PROFIT FROM BUSINESS	\$		\$
9. TOTAL EARNED INCOME & NET PROFIT	\$		\$
10. TAX LIABILITY	\$		\$
11. LOCAL WAGE TAX WITHHELD (Per W- 2's)	\$		\$
12. QUARTERLY PAYMENTS			
1st Quarter	TAXPAYER	SPOUSE	
2nd Quarter			
3rd Quarter			
4th Quarter			
13. CREDITS FROM LAST YEAR	\$		\$
14. OTHER TAX CREDITS (	\$		\$
15. TOTAL TAX CREDITS (Add lines 11, 12, 13 & 14)	\$		\$
16. TOTAL CREDITS AGAINST TAX	\$		\$
17. TAX REFUND DUE (If line 16 is greater than line 10)	\$		\$
18. TAX DUE (If line 10 is greater than line 16)	\$		\$
INTEREST DUE	TAXPAYER	SPOUSE	\$
PENALTY DUE			\$
TOTAL AMOUNT OF INTEREST AND PENALTY DUE TO LOCAL	\$		\$
NET TAX DUE	\$		\$
NET REFUND	\$		\$

SIGNATURE (TAXPAYER)

Make Checks Payable to:

SIGNATURE (SPOUSE)

Mail to:

PREPARED BY: H&R BLOCK

ZIP Code 18407 Date 04/13/2009

## OFFICE COPY Signature Required

## Peace of Mind® Extended Service Plan Terms, Conditions and Limitations

## SATISFACTION

If for any reason you are not satisfied with the terms of this Plan and want to rescind this Plan, you may obtain a full refund of the fee you paid for the Plan provided that within seven (7) days from the date of purchase you contact the manager of the H&R Block office where your tax return was prepared and provide at that office the receipt for such payment.

## REVIEW

Peace of Mind® Extended Service Plan ("Plan") provides the following benefits with respect to individual resident federal, state and local returns prepared and paid for on the date you sign this document:

- If additional taxes are assessed due to H&R Block's error, H&R Block will pay you an amount up to \$5,000.00 for your payment of the additional tax assessment, subject to the terms and conditions outlined in this agreement.
- H&R Block's payment is for additional tax assessments made within 3 years from the filing deadline of your return, not including extensions.
- You are responsible for providing payment of additional taxes to the tax authority.
- H&R Block will provide a qualified person (but not an attorney) to represent you at an audit if the accuracy of your return is questioned. You may not even have to attend.
- Any dispute arising between you and H&R Block will be settled through binding arbitration as provided in the arbitration provision of this Plan and the Client Service Agreement.

In order to be eligible to receive payment, you must:

- Notify H&R Block of any tax authority inquiry within 60 days of the date of the initial notice.
- Provide your tax professional with complete and correct information for the preparation of your return prior to filing and acceptance by the IRS.
- Comply with all other requirements set forth in this Plan.

Not all returns are covered by the Plan.

If you are not satisfied and want to rescind the Plan, you can notify the district manager of the H&R Block office where your tax return was prepared within 7 days and receive a full refund of the Peace of Mind fee paid.

My/our signature(s) below confirms that I/we understand and voluntarily agree to the terms, conditions and disclosures presented in this Plan, INCLUDING THE REQUIREMENT THAT ANY DISPUTE BETWEEN ME/US AND H&R BLOCK BE SETTLED THROUGH BINDING ARBITRATION.

Client's Name(s): DAVID J & SHABIDA CATANZARO

Extended Service Plan Accepted.

Extended Service Plan Declined. X

Client's Signature: 

Date: 4-13-09

Spouse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(If married and Spouse is present, Spouse must also sign.)

Tax Professional Signature: 

Date: 4-13-09

Interest Income: Yes \_\_\_\_\_ No X

Self-Employment Income: Yes X No \_\_\_\_\_

# of W2 Entries: 0

Client Initials

DC  
DC  
DC

Form **8879****IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service▶ Do not send to the IRS. This is not a tax return.  
▶ Keep this form for your records. See instructions.**2009**Declaration Control Number (DCN) ▶ **00-230662-** - 0

Taxpayer's name

Social security number

**DAVID J CATANZARO**

Spouse's name

Spouse's social security number

**SHABIDA CATANZARO****Part II Tax Return Information - Tax Year Ending December 31, 2009 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	554.
2	Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2	84.
3	Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	3	0.
4	Refund (Form 1040, line 73a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 13a)	4	180.
5	Amount you owe (Form 1040, line 75; Form 1040A, line 48; Form 1040EZ, line 13)	5	

**Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2009, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate any ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize **HR BLOCK**

to enter or generate my PIN

**13006**Enter five numbers, but  
do not enter all zeros

ERO firm name

as my signature on my tax year 2009 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶

**COPY ONLY**Date ▶ **01/15/2010**

Spouse's PIN: check one box only

I authorize **HR BLOCK**

to enter or generate my PIN

**16730**Enter five numbers, but  
do not enter all zeros

ERO firm name

as my signature on my tax year 2009 electronically filed income tax return.



I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

**COPY ONLY**Date ▶ **01/15/2010****Practitioner PIN Method Returns Only - continue below****Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**23066200912**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2009 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶

Date ▶ **01/15/2010**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

KBA For Paperwork Reduction Act Notice, see page 2 of form.

Form **8879** (2009)

Declaration Control Number (DCN)

00-230662-9

Taxpayer's Name

CATANZARO DAVID J

Social Security Number

[REDACTED]

Spouse's Name

CATANZARO SHABIDA

Spouse's Social Security Number

[REDACTED]

**PART I Tax Return Information - Tax Year Ending Dec. 31, 2009 (Whole dollars only)**

1. Adjusted PA Taxable Income (Form PA- 40, Line 11)	1.	461
2. PA Tax Liability (Form PA- 40, Line 12)	2.	14
3. Total PA Tax Withheld (Form PA- 40, Line 13)	3.	0
4. Refund (Form PA- 40, Line 29)	4.	0
5. Total Payment (Tax Due) (Form PA- 40, Line 27)	5.	0

**PART II Declaration and Signature Authorization of Taxpayer**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2009 PA Tax Return (Form PA- 40), and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (Direct Debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

**Taxpayer's Personal Identification Number (PIN): (check one box only)**

☒ I authorize **HR Block** to enter my PIN **13006** as my signature on my tax year 2009 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return.

Your signature \_\_\_\_\_ Date **01/15/2010**

**Spouse's PIN: (check one box only)**

☒ I authorize **HR Block** to enter my PIN **16730** as my signature on my tax year 2009 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return.

Spouse's signature \_\_\_\_\_ Date **01/15/2010**

**Practitioner PIN Program Participants Only - Continue Below**

**PART III Certification and Authentication**

ERO's EFIN/PIN. Enter your six- digit EFIN followed by your five- digit self- selected PIN **23066200912**

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2009 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature \_\_\_\_\_ Date **01/15/2010**

**ERO must retain this form and the supporting documents for three years.  
DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.**

Label  
(See inst  
on pg 14.)  
Use the  
IRS label.Otherwise,  
please print  
or type.L  
A  
B  
E  
L  
H  
E  
R  
E

For the year Jan. 1- Dec. 31, 2009, or other tax year beginning

2009, ending

20

OMB No. 1545- 0074

DAVID J CATANZARO  
SHABIDA CATANZARO  
286 UPPER POWDERLY STREET  
CARBONDALE, PA 18407

Your social security number

Spouse's social security number

You must enter  
your SSN(s) above.  
Checking a box below will not change  
your tax or refund.☐ You ☐ SpousePresidential  
Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14)

## Filing Status

1 ☐ Single4 ☐ Head of household (with qualifying person). (See page 15.)2 ☒ Married filing jointly (even if only one had income)

If the qualifying person is a child but not your dependent, enter this

3 ☐ Married filing separately. Enter spouse's SSN above & full name below

child's name here.

Check only  
one box.5 ☒ Qualifying widow(er) with dependent child (see page 16)

## Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☒ SpouseBoxes checked  
on 6a and 6bNo. of children  
on 6c who:

● lived with you

● did not live with you  
due to divorce  
or separation  
(see page 18)Dependents  
on 6c not  
entered aboveAdd numbers  
on lines  
above

## c Dependents:

(1) First name Last name

(2) Dependent's  
social security number(3) Dependent's  
relationship to  
you(4) ☒ If qual.  
child for  
child tax cr.

ASHLEY CATANZARO

DAUGHTER

DAUGHTER

☒

LEAH CATANZARO

DAUGHTER

DAUGHTER

☒

## d Total number of exemptions claimed

7 Wages, salaries, tips, etc. Attach Form(s) W

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 22)

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required.

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

16a Pensions and annuities

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation in excess of \$2,400 per recipient

20a Social security benefits

21 Other income. List type and amount (see page 29)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

23 Educator expenses (see page 29)

24 Certain business expenses of reservists, performing artists, and

fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 30)

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 IRA deduction (see page 31)

33 Student loan interest deduction (see page 34)

34 Tuition and fees deduction. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income

## Income

Attach Form(s)  
W-2 here. Also  
attach Forms  
W-2G and  
1099-R if tax  
was withheld.If you did not  
get a W-2,  
see page 22.Enclose, but do  
not attach, any  
payment. Also,  
please use  
Form 1040-V.Adjusted  
Gross  
Income

**Tax and Credits**

- 38 Amount from line 37 (adjusted gross income) . . . . . 38 **554.**
- 39a Check ☐ You were born before January 2, 1945, ☐ Blind. Total boxes ☐  
if: ☐ Spouse was born before January 2, 1945, ☐ Blind. checked ▶ 39a ☐
- b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 35 & check here ▶ 39b ☐

**Standard Deduction for -**

• People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see page 35.

• All others:

Single or Married filing separately, \$5,700

Married filing jointly or Qualifying widow(er), \$11,400

Head of household, \$8,350

- 40a Itemized deductions (from Schedule A) or your standard deduction (see left margin) . . . . . 40a **11,400.**

b If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) ▶ 40b ☐

- 41 Subtract line 40a from line 38 . . . . . 41 **(10,846.)**
- 42 Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37 . . . . . 42 **14,600.**
- 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- . . . . . 43 **0.**
- 44 Tax (see page 37). Check if any tax is from: a ☐ Form(s) 8814 b ☒ Form 4972 . . . . . 44 **0.**
- 45 Alternative minimum tax (see page 40). Attach Form 6251 . . . . . 45 **0.**
- 46 Add lines 44 and 45 . . . . . 46 **0.**

47 Foreign tax credit. Attach Form 1116 if required . . . . . 47

48 Credit for child and dependent care expenses. Attach Form 2441 . . . . . 48

49 Education credits from Form 8863, line 29 . . . . . 49

50 Retirement savings contributions credit. Attach Form 8880 . . . . . 50

51 Child tax credit (see page 42) . . . . . 51

52 Credits from Form: a ☐ 8396 b ☐ 8839 c ☐ 5695 . . . . . 52

53 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ . . . . . 53

54 Add in 47 through 53. These are your total credits . . . . . 54

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- . . . . . 55 **0.**

**Other Taxes**

56 Self-employment tax. Attach Schedule SE . . . . . 56 **84.**

57 Unreported social security and Medicare tax from Form 8879 . . . . . 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . . . . 58

59 Additional taxes: a ☐ AEIC payments b ☐ Household employment taxes. Attach Schedule H . . . . . 59

60 Add lines 55 through 59. This is your total tax . . . . . 60 **84.**

**Payments**

61 Federal income tax withheld from Forms W-2 and 1099 . . . . . 61

62 2009 estimated tax payments and amount applied from 2008 return . . . . . 62

63 Making work pay and government retiree credits. Attach Sch M . . . . . 63 **34.**

64a Earned income credit (EIC) . . . . . 64a **230.**

b Nontaxable combat pay election. Attach Form 1041 . . . . . 64b

65 Additional child tax credit. Attach Form 8812 . . . . . 65

66 Refundable education credit from Form 8863, line 16 . . . . . 66

67 First-time homebuyer credit. Attach Form 5405 . . . . . 67

68 Amount paid with request for extension to file (see page 72) . . . . . 68

69 Excess social security and tier 1 RRTA tax withheld (see page 72) . . . . . 69

70 Credits from Form: a ☐ 2439 b ☐ 4136 c ☐ 8801 d ☐ 8885 . . . . . 70

71 Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments . . . . . 71 **264.**

**Refund**

72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid . . . . . 72 **180.**

73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here . . . . . 73a **180.**

▶ b Routing number  ▶ c Type: ☐ Checking ☐ Savings

▶ d Account number

74 Amount of line 72 you want applied to your 2010 estimated tax . . . . . 74

**Amount You Owe**

75 Amount you owe. Subtract line 74 from line 60. For details on how to pay, see page 74 . . . . . 75

76 Estimated tax penalty (see page 74) . . . . . 76

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 75)? ☒ Yes. Complete the following. ☐ No

Designee's name

Phone no.

Personal ID number

▶ **HR BLOCK**

▶ **(570) 282-3311 (PIN) ▶ 36939**

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

**For Info Only-Do not file**

**MUSICIAN**

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

**For Info Only-Do not file**

**HOMEMAKER**

**Paid Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

**H AND R BLOCK**

EIN **23-2223111**

**CARBONDALE, PA 18407**

Phone no. **(570) 282-3311**



**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.  
► Attach to Form 1040, 1040NR, or 1041. ► See Instructions for Schedule C (Form 1040).

Name of proprietor

**DAVID J CATANZARO**

Social security number (SSN)

**A** Principal business or profession, including product or service (see page C-2 of the instructions)

**MUSICIAN : MUSIC**

**B** Enter code from pages C-9, 10, & 11

► **711510**

**C** Business name. If no separate business name, leave blank.

**DAVID JOSEPH MUSIC**

**D** Employer ID number (EIN), if any

**E** Business address (including suite or room no.) ► **286 UPPER POWDERLY STREET**

City, town or post office, state, and ZIP code **CARBONDALE, PA 18407**

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

**G** Did you "materially participate" in the operation of this business during 2009? If "No," see page C-3 for limit on losses. ☒ Yes ☐ No

**H** If you started or acquired this business during 2009, check here

**Part I Income**

**1** Gross receipts or sales. **Caution.** See page C-4 and check the box if:

- This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or
- You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses.

**1** **23,436.**

**2** Returns and allowances

**2** **5,000.**

**3** Subtract line 2 from line 1

**3** **18,436.**

**4** Cost of goods sold (from line 42 on page 2)

**4**

**5** **Gross profit.** Subtract line 4 from line 3

**5** **18,436.**

**6** Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4)

**6**

**7** **Gross income.** Add lines 5 and 6

**7** **18,436.**

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

**8** Advertising **8** **7,469.**

**9** Car and truck expenses (see page C-4) **9** **2,365.**

**10** Commissions and fees **10** **1,254.**

**11** Contract labor (see page C-4) **11**

**12** Depletion **12**

**13** Depreciation and section 179 expense deduction (not included in Part III) (see page C-5) **13**

**14** Employee benefit programs (other than on line 19) **14**

**15** Insurance (other than health) **15**

**16** Interest:

**a** Mortgage (paid to banks, etc.) **16a**

**b** Other **16b**

**17** Legal and professional services **17** **120.**

**18** Office expense **18** **1,473.**

**19** Pension and profit-sharing plans **19**

**20** Rent or lease (see page C-6):

**a** Vehicles, machinery, and equipment **20a**

**b** Other business property **20b**

**21** Repairs and maintenance **21**

**22** Supplies (not included in Part II) **22** **1,746.**

**23** Taxes and licenses **23**

**24** Travel, meals, and entertainment:

**a** Travel **24a** **1,368.**

**b** Deductible meals and entertainment (see page C-6) **24b** **135.**

**25** Utilities **25**

**26** Wages (less employment credits) **26**

**27** Other expenses (from line 48 on page 2) **27** **1,910.**

**28** **Total expenses** before expenses for business use of home. Add lines 8 through 27 **28** **17,840.**

**29** Tentative profit or (loss). Subtract line 28 from line 7 **29** **596.**

**30** Expenses for business use of your home. Attach Form 8829 **30**

**31** **Net profit or (loss).** Subtract line 30 from line 29. **31** **596.**

• If a profit, enter on both **Form 1040**, line 12, and **Schedule SE**, line 2, or on **Form 1040NR**, line 13 (if you checked the box on line 1, see page C-7). Estates and trusts, enter on **Form 1041**, line 3.

• If a loss, you **must** go to line 32.

**32** If you have a loss, check the box that describes your investment in this activity (see page C-7).

• If you checked 32a, enter the loss on both **Form 1040**, line 12, and **Schedule SE**, line 2, or on **Form 1040NR**, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7). Estates and trusts, enter on **Form 1041**, line 3.

• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

**32a** ☐ All investment is at risk.  
**32b** ☐ Some investment is not at risk.

**KBA** For Paperwork Reduction Act Notice, see page C-9 of the instructions.

Schedule C (Form 1040) 2009

**Part III Cost of Goods Sold** (see page C-8)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35

36 Purchases less cost of items withdrawn for personal use 36

37 Cost of labor. Do not include any amounts paid to yourself 37

38 Materials and supplies 38

39 Other costs 39

40 Add lines 35 through 39 40

41 Inventory at end of year 41

42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on page 1, line 4 42

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-5 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) 3/1/2007

44 Of the total number of miles you drove your vehicle during 2009, enter the number of miles you used your vehicle for:

a Business 4300 b Commuting (see instructions) 0 c Other 9200

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

LONG DISTANCE PHONE	65.
INTERNET USAGE	225.
PHONE CARDS	200.
POSTAL AND SHIPPING	1,420.
48 Total other expenses. Enter here and on page 1, line 27.	1,910.

**SCHEDULE SE**  
**(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040. ▶ See Instructions for Schedule SE (Form 1040).**

Name of person with self-employment income (as shown on Form 1040)

**DAVID J CATANZARO**

Social security number of person  
with self-employment income ▶

**Who Must File Schedule SE**

You must file Schedule SE if:

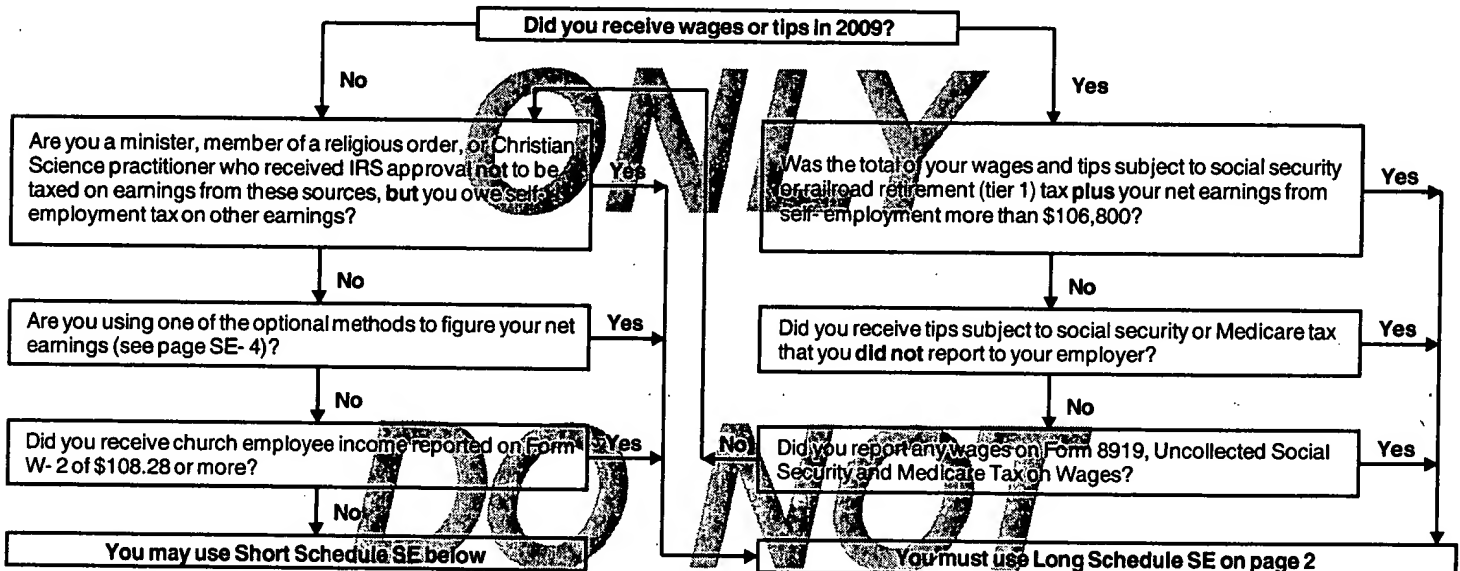
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is **not** church employee income (see page SE-1).

**Note.** Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-4).

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt- Form 4361" on Form 1040, line 56.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



**Section A - Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	<b>0 .</b>
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b or listed on Schedule K-1 (Form 1065), box 20, code Y. . . . .	<b>1b</b>	
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report . . . . .	<b>2</b>	<b>596 .</b>
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	<b>596 .</b>
<b>4</b> <b>Net earnings from self-employment.</b> Multiply line 3 by 92.35% (.9235). If less than \$400, <b>do not</b> file this schedule; you do not owe self-employment tax . . . . . ▶	<b>4</b>	<b>550 .</b>
<b>5</b> <b>Self-employment tax.</b> If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on <b>Form 1040, line 56.</b> • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on <b>Form 1040, line 56</b> . . . . .	<b>5</b>	<b>84 .</b>
<b>6</b> <b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.50). Enter the result here and on <b>Form 1040, line 27.</b> . . . . .	<b>6</b>	<b>42 .</b>

**KBA** For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2009

**SCHEDULE M**  
(Form 1040A or 1040)

**Making Work Pay and Government  
Retiree Credits**

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. **166**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040A, 1040, or 1040NR.

▶ See separate instructions.

Name(s) shown on return

Your social security number

**DAVID J & SHABIDA CATANZARO**

- 1a Important:** See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR. Check the "No" box below and see the instructions if (a) you have a net loss from a business, (b) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (c) your wages include pay for work performed while an inmate in a penal institution, (d) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or (e) you are filing Form 2555 or 2555-EZ.

Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- ☐ Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.  
☒ No. Enter your earned income (see instructions)

1a 554

- b** Nontaxable combat pay included on line 1a (see instructions)

1b

- 2** Multiply line 1a by 6.2% (.062)

2 34

- 3** Enter \$400 (\$800 if married filing jointly).

3 800

- 4** Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a)

4 34

- 5** Enter the amount from Form 1040, line 38\*, or Form 1040A, line 22

5 554

- 6** Enter \$75,000 (\$150,000 if married filing jointly)

6 150,000

- 7** Is the amount on line 5 more than the amount on line 6?

- ☒ No. Skip line 8. Enter the amount from line 4 on line 9 below.  
☐ Yes. Subtract line 6 from line 5

7

- 8** Multiply line 7 by 2% (.02)

8

- 9** Subtract line 8 from line 4. If zero or less, enter -0-

9 34

- 10** Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions).

- ☒ No. Enter -0- on line 10 and go to line 11.  
☐ Yes. Enter the total of the payments received by you (and your spouse, if filing jointly). Do not enter more than \$250 (\$500 if married filing jointly)

10 0

- 11** Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work not covered by social security? Do not include any pension or annuity reported on Form W-2

- ☒ No. Enter -0- on line 11 and go to line 12.  
☐ Yes. • If you checked "No" on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is "Yes" for both spouses)  
• If you checked "Yes" on line 10, enter -0- (exception: enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10)

11 0

- 12** Add lines 10 and 11

12

- 13** Subtract line 12 from line 9. If zero or less, enter -0-

13 34

- 14** Making work pay and government retiree credits. Add lines 11 and 13. Enter the result here and on Form 1040, line 63; Form 1040A, line 40; or Form 1040NR, line 60

14 34

\* If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

**KBA** For Paperwork Reduction Act Notice, see Form 1040A, 1040, or 1040NR instructions.

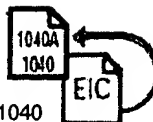
Schedule M (Form 1040A or 1040) 2009

**SCHEDULE EIC**  
(Form 1040A or 1040)

Department of the Treasury  
Internal Revenue Service (99)

**Earned Income Credit**  
Qualifying Child Information

Complete and attach to Form 1040A or 1040  
only if you have a qualifying child.



OMB No. 1545-0074

**2009**

Attachment  
Sequence No. **43**

Name(s) shown on return

**DAVID J & SHABIDA CATANZARO**

Your social security number

**Before you begin:**

- See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See separate instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

	First name	Last name	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than three qualifying children, you only have to list three to get the maximum credit.	<b>ASHLEY CATANZARO</b>		<b>LEAH CATANZARO</b>			
<b>2 Child's SSN</b> The child must have an SSN as defined on page 45 of the Form 1040A instructions or page 51 of the Form 1040 instructions unless the child was born and died in 2009. If your child was born and died in 2009 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	<b>171-84-8501</b>		<b>164-86-7627</b>			
<b>3 Child's year of birth</b> If born after 1990 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year <b>2007</b>		Year <b>2009</b>		Year _____ If born after 1990 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	
<b>4 a</b> Was the child under age 24 at the end of 2009, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.	
<b>b</b> Was the child permanently and totally disabled during any part of 2009?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.	
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	<b>DAUGHTER</b>		<b>DAUGHTER</b>			
<b>6 Number of months child lived with you in the United States during 2009</b> • If the child lived with you for more than half of 2009 but less than 7 months, enter "7." • If the child was born or died in 2009 and your home was the child's home for the entire time he or she was alive during 2009, enter "12."	<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

**PA-40 - 2009**  
**Pennsylvania Income Tax Return**  
 ENTER ONE LETTER OR NUMBER IN EACH BOX.  
 Do Not Use Your Preprinted Label

CATANZARO

DAVID

SHABIDA

CATANZARO

286 UPPER POWDERLY STREET

CARBONDALE

570 282 4889

**COPY**

**ONLY**

N Extension.  
 N Amended Return.  
 R Residency Status.  
 PA Resident/Nonresident/Part-Year Resident  
 from to  
 J Single/Married, Filing Jointly/Married,  
 Filing Separately/ Final Return/Deceased  
 Date of death

N Farmers.

School District Name LAKE LAND

1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.

1b Unreimbursed Employee Business Expenses.

1c Net Compensation. Subtract Line 1b from Line 1a.

2 Interest Income. Complete **PA Schedule A** if required.

3 Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required.

4 Net Income or Loss from the Operation of a Business, Profession, or Farm.

5 Net Gain or Loss from the Sale, Exchange, or Disposition of Property.

6 Net Income or Loss from Rents, Royalties, Patents, or Copyrights.

7 Estate or Trust Income. Complete and submit **PA Schedule J**.

8 Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.

9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7, and 8. DO NOT ADD any losses reported on Lines 4, 5, or 6.

10 **Other Deductions.** Enter the appropriate code for the type of deduction. See the instructions for additional information.

11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1a 0

1b 0

1c 0

2 0

3 0

4 461

5 0

6 0

7 0

8 0

9 461

10 0

11 461

PA- 40 - 2009

Social Security Number

Name(s) CATANZARO DAVID J & SHABIDA

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2008 PA Income Tax return.

15 2009 Estimated Installment Payments.

16 2009 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK- 1 (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

**Tax Forgiveness Credit. Submit PA Schedule SP.**

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Part B, Line 2, PA Schedule SP

20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G- R with your PA Schedule(s) G- S, G- L and/or RK- 1.

23 Total Other Credits. Submit your PA Schedule(s).

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22, and 23.

25 TAX DUE. If Line 12 is more than Line 24, enter the difference here.

26 Penalties and Interest. See the instructions. Enter Code:

If including form REV- 1630, mark the box.

N

27 TOTAL PAYMENT DUE. See the instructions.

28 OVERPAYMENT. If Line 24 is more than the total of Line 12 and Line 26, enter the difference here.

The total of Lines 29 through 35 must equal Line 28.

29 Refund - Amount of Line 28 you want as a check mailed to you.

Refund

30 Credit - Amount of Line 28 you want as a credit to your 2010 estimated account.

31 Amount of Line 28 you want to donate to the Wild Resource Conservation Fund.

32 Amount of Line 28 you want to donate to the Military Family Relief Assistance Program.

33 Amount of Line 28 you want to donate to the Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund.

34 Amount of Line 28 you want to donate to the Juvenile (Type 1) Diabetes Cure Research Fund.

35 Amount of Line 28 you want to donate to the PA Breast Cancer Coalition's Breast and Cervical Cancer Research Fund.

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature

Spouse's Signature, if filing jointly

FOR INFORMATION ONLY

FOR INFORMATION ONLY

Preparer's Name and Telephone Number

Date

H AND R BLOCK

(570) 282-3311

Firm FEIN

Preparer's SSN/PTIN

232223111

P00133052



**PA SCHEDULE SP**  
Special Tax Forgiveness

0901110023

PA- 40 Schedule SP (09- 09) (I) **2009**

OFFICIAL USE ONLY

Name of taxpayer claiming Tax Forgiveness (if filing a PA- 40 jointly, enter the name shown first) <b>DAVID J CATANZARO</b>	Social Security Number (shown first) [REDACTED]
Spouse's Name (even if filing separately) <b>SHABIDA CATANZARO</b>	Spouse's Social Security Number [REDACTED]

**Eligibility Questions**

1. Are you a dependent on another taxpayer's (parent, guardian, step- parent, etc.) federal tax return? Yes ☐ No ☒
2. If you answered "Yes" above, does the taxpayer on whose return you are a dependent qualify for tax forgiveness? Yes ☐ No ☒

IMPORTANT: If you answered "No" to Question 1, please proceed with completing Schedule SP. If you answered "Yes" to Question 1, you must also have answered "Yes" to Question 2 to be eligible for tax forgiveness and complete Line 1b. or Line 3c. from Part A below.

**Part A. Filing Status for Tax Forgiveness.**

- ☐ Unmarried - use **Column A** to calculate your **Eligibility Income**. Fill in the Unmarried box on Line 19a of your PA- 40.

Check the box that describes your situation:

- a. ☐ Single. Unmarried/divorced on December 31, 2009.
- b. ☐ Single and claimed as a dependent on another person's PA Schedule SP. Enter the other person's:  
SSN: \_\_\_\_\_ Name: \_\_\_\_\_

- ☐ Separated - use **Column A** to calculate your **Eligibility Income**.

Check this box only if (a) you are separated pursuant to a written agreement or (b) you were married, but separated and lived apart for the last six months of the year. Fill in the Unmarried box on Line 19a of your PA- 40.

- ☒ Married - Check the Married box on Line 19a of your PA- 40. Enter your spouse's name and SSN above. Check the box that describes your situation:

- a. ☒ Married and claiming Tax Forgiveness together with my spouse. Use **Column A** to calculate **Eligibility Income**.
- b. ☐ Married and filing separate PA tax returns. ☐ Certification. Check this box certifying that you and your spouse are submitting the same information on each PA Schedule SP. Use **Columns B and C** to calculate your **Eligibility Income**.
- c. ☐ Married with a spouse who is a dependent on another person's PA Schedule SP on federal income tax return. Use **Columns B and C** to calculate **Eligibility Income**. Enter the other person's:  
SSN: \_\_\_\_\_ Name: \_\_\_\_\_
- d. ☐ Separated and lived apart from my spouse but for less than the last six months of the year. Use **Columns B & C** to calculate **Eligibility Income**. Enter your spouse's name and SSN above.

- ☐ Deceased - use **Column A** to calculate your **Eligibility Income**.

Check the Deceased box on Line 19a of the PA- 40. You must annualize the decedent's income (see the instructions) and briefly describe your method:

**Part B. Dependent Children.** Provide all the information for each dependent child. If more than four dependent children, submit additional sheets in this format.

1.	Dependent's Name	Age	Relationship	Social Security No.
	ASHLEY CATANZARO	2	DAUGHTER	171-84-8501
	LEAH CATANZARO	0	DAUGHTER	164-86-7627

Important: Only claim the child or children that you claimed as your dependent(s) on your 2009 Federal Income Tax return.

2. Number of dependent children.  
Enter on Line 19b of your PA- 40... 2. **2**

**Part C. Eligibility Income**

Married taxpayers filing jointly use Column A and Eligibility Income Table 2. Single filers, qualifying separated filers, and if filing for a decedent use Column A and Eligibility Income Table 1.

Married taxpayers filing separately and taxpayers separated but not for the last six months of the year use Columns B and C, and Eligibility Income Table 2.

Column A Unmarried or Married Filing Jointly		The Eligibility Income Tables are on page 36 of the PA- 40 booklet.		Married Filing Separately	
				Column B Taxpayer	Column C Spouse
1.	46100	PA taxable income from Line 9 of your PA- 40	1.		
2.	000	Nontaxable interest, dividends, and gains and/or annualized income	2.		
3.	000	Alimony	3.		
4.	000	Insurance proceeds and inheritances	4.		
5.	000	Gifts, awards, and prizes	5.		
6.	000	Nonresident income - part-year residents and nonresidents	6.		
7.	000	Nontaxable military income - Do not include combat pay	7.		
8.	000	Gain excluded from the sale of a residence	8.		
9.	000	Nontaxable educational assistance	9.		
10.	000	Cash received for personal purposes from outside your home	10.		
11.	46100	← Total Eligibility Income for Column A			
Total Eligibility Income for Columns B and C- add Lines 1 through 10 for each spouse and enter the total →				11.	
<b>Part D. Calculating your Tax Forgiveness Credit</b>					
12.	1400	PA Tax Liability from your PA- 40, Line 12 (if amended return, see instructions)	12.		
13.	000	Less Resident Credit from your PA- 40, Line 22	13.		
14.	1400	Net PA Tax Liability. Subtract Line 13 from Line 12	14.		
Percentage of Tax Forgiveness from the <b>Eligibility Income Table</b> using your dependents from Part B and your <b>Total Eligibility Income</b> from Line 11				15.	
15.	1.00				
16.	1400	Tax Forgiveness Credit. Multiply Line 14 by the decimal on Line 15. Enter on your PA- 40, Line 21.	16.		



## PA- 40 Schedule C - 2009

(09-09) Profit or Loss From Business or Profession (Sole Proprietorship)

DAVID J CATANZARO

Method of Inventory C=Cost, L=Lower of cost or market, O=Other

MUSICIAN

MUSIC

Accounting Method: A=Accrual, C=Cash, O=Other

DAVID JOSEPH MUSIC

Home office expenses deducted

711510

Business out of existence

286 UPPER POWDERLY STREET

Any change in determining quantities, costs or valuations

CARBONDALE

1a. Gross receipts or sales	1A	25436	2. Cost of goods sold/operations	2	0
1b. Returns and allowances	1B	5000	3. Gross profit	3	18436
1c. Balance	1C	18436	4. Other Income (submit statement)	4	0
			5. Total income	5	18436
6. Advertising	6	7465	28. Supplies (not included on Sch C-1)	28	1746
7. Amortization	7	0	29. Taxes	29	0
8. Bad debts from sales or services	8	0	30. Telephone	30	0
9. Bank charges	9	0	31. Travel and entertainment	31	1638
10. Car and truck expenses	10	2365	32. Utilities	32	0
11. Commissions	11	1254	33. Wages	33	0
12. Cost depletion not % depletion	12	0	34. Other expenses (specify):		
13a. Regular depreciation	13A	0	A LONG DISTANCE PHO	A	65
13b. Section 179 expense	13B	0	B INTERNET USAGE	B	225
14. Dues and publications	14	0	C PHONE CARDS	C	200
15. Other employee benefit programs	15	0	D POSTAL AND SHIPPI	D	1420
16. Freight (not on Schedule C-1)	16	0	E	E	0
17. Insurance	17	0	F	F	0
18. Interest on business indebtedness	18	0	G	G	0
			H	H	0
19. Laundry and cleaning	19	0	I	I	0
20. Legal and professional services	20	120	J	J	0
21. Management fees	21	0	K	K	0
22. Office supplies	22	1473			
23. Pension and profit-sharing plans	23	0			
24. Postage	24	0	34. Total other expenses	34	1910
25. Rent on business property	25	0	35. Total expenses	35	17975
26. Repairs	26	0	36. Reduce expenses by total business credits	36	0
27. Subcontractor fees	27	0	37. Total adjusted expenses	37	17975
			38. Net profit or loss	38	461

## PA- 40 Schedule C- 2009

Social Security Number

Name of owner

DAVID J CATANZARO

**SCHEDULE C- 1 - Cost of Goods Sold and/or Operations**

1. Inventory at beginning of year (if different from last year's inventory, include explanation)

2a. Purchases

2b. Cost of items withdrawn for personal use

2c. Balance (subtract Line 2b from Line 2a)

3. Cost of labor (do not include salary paid to yourself or subcontractor fees)

4. Material and supplies

5. Other costs (include schedule)

6. Add Lines 1, 2c, 3, 4 and 5

7. Inventory at end of year

8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Part I, Line 2

**SCHEDULE C- 2 - Depreciation (See Instructions)**

1. Total Section 179 depreciation (do not include in items below)

2. Less: Section 179 depreciation include in Schedule C- 1

3. Balance (subtract Line 2 from Line 1) Enter here and on Part II, Line 13b

4. Other depreciation:

Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
Buildings	4A					
Furniture/fixtures	4B					
Trans. equipment	4C					
Machinery	4D					
Other (specify)	4E					
	4F					
	4G					
	4H					
	4I					
	4J					
	4K					
	4L					
	4M					
	4N					
	4O					
	4P					

5. Totals

6. Depreciation included in Schedule C- 1

7. Balance (subtract Line 6 from Line 5) Enter here and on Part II, Line 13a

**Paid Preparer's Earned Income Credit Checklist**

OMB No. 1545-1629

▶ Do not send to the IRS. Keep for your records.

For the definitions of the following terms, see **Pub. 596** for the year for which you are completing this form.

• **Investment Income**      • **Qualifying Child**      • **Earned Income**      • **Student**

**A** Taxpayer's name ▶ **DAVID J CATANZARO**

**B** If joint return, spouse's name ▶ **SHABIDA CATANZARO**

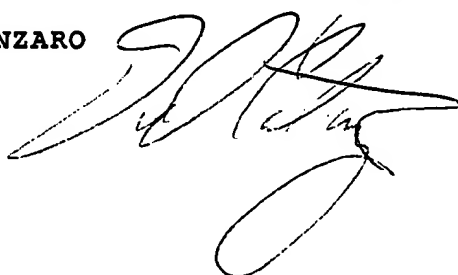
**Part III All Taxpayers**

1	Year after 2008 for which you are completing this form ▶ <b>2009</b>	
2	Is the taxpayer's filing status married filing separately? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	▶ If you checked "Yes" on line 2, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.	
3	Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering. . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	▶ If you checked "No" on line 3, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.	
4	Is the taxpayer filing Form 2555 or Form 2555- EZ (relating to the exclusion of foreign earned income)? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	▶ If you checked "Yes" on line 4, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.	
5a	Was the taxpayer a nonresident alien for any part of the year on line 1? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.	
b	Is the taxpayer's filing status married filing jointly? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
	▶ If you checked "Yes" on line 5a and "No" on line 5b, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.	
6	Is the taxpayer's <b>investment income</b> more than the limit that applies to the year on line 1? See Pub. 596 for the limit . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	▶ If you checked "Yes" on line 6, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.	
7	Could the taxpayer, or the taxpayer's spouse if filing jointly, be a <b>qualifying child</b> of another person for the year on line 1? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	▶ If you checked "Yes" on line 7, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. Otherwise, go to Part II or Part III, whichever applies.	

**KBA For Paperwork Reduction Act Notice, see page 4.**

Form 8867 (Rev. 12- 2009)

Information provided by: **DAVID J CATANZARO**  
Information provided in person.



**Part III Taxpayers With a Child**

**Caution.** If there is more than one child, complete lines 8 through 14 for one child before going to the next column.

	Child 1	Child 2	Child 3
8 Child's name . . . . .	ASHLEY CATANZARO	LEAH CATANZARO	
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Is either of the following true? • The child is unmarried, or • The child is married, can be claimed as the taxpayer's dependent, and is not filing a 2009 joint return (or is filing it only as a claim for refund).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the child (at the end of the year on line 1) - • Under age 19, and younger than the taxpayer, (or the taxpayer's spouse if the taxpayer files jointly), • Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or • Any age and permanently and totally disabled? ▶ If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child; see the instructions for line 12 on page 4.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13a Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child? ▶ If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Enter the child's relationship to the other person(s) . . . . .			
c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering . . . . . ▶ If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the Note at the bottom of this page.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
14 Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering . . . . . ▶ If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Yes" on line 14, continue.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit . . . . . ▶ If you checked "No" on line 15, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed. Go to line 20.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**Note.** If you checked "No" on line 13c or 14 but there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children). Also do this if you checked "Don't know" on line 13c and the taxpayer is not taking the EIC based on this child.

**Part III Taxpayers Without a Qualifying Child**

<b>16</b> Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>▶</b> If you checked "No" on line 16, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.	
<b>17</b> Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of the year on line 1? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>▶</b> If you checked "No" on line 17, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.	
<b>18</b> Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for the year on line 1? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>▶</b> If you checked "Yes" on line 18, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.	
<b>19</b> Are the taxpayer's <b>earned income</b> and <b>adjusted gross income</b> each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>▶</b> If you checked "No" on line 19, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if <b>Form 8862</b> must be filed. Go to line 20.	

**Part IV Due Diligence Requirements**

<b>20</b> Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>21</b> Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>22</b> Did you comply with knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete.) At the time you make these inquiries, you must document in your files the inquiries you made and the responses you received . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>23</b> Did you keep the following records? • Form 8867 (or your own form or files), • The EIC worksheet(s) or your own worksheet(s), and • A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>▶</b> If you checked "Yes" on lines 20, 21, 22, and 23, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.	
<b>▶</b> If you checked "No" on lines 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$100 penalty for each failure to comply.	

# Final Return For Earned Income Tax

TAXING AUTHORITY OF RESIDENCE: **DON WILKINSON**

CITY, TWP, OR BORO: **CARBONDALE TWP**

TAX YEAR: **2009**

SCHOOL DISTRICT: **LAKE LAND**

NO. MONTHS RESIDED HERE: **12**

ACCOUNT NO. (If Any): TAXPAYER \_\_\_\_\_ SPOUSE \_\_\_\_\_

LOCAL TAX RATE: **0.5000** %

TAXPAYER: **CATANZARO DAVID J**

SS#: \_\_\_\_\_

SPOUSE: **CATANZARO SHABIDA**

SS#: \_\_\_\_\_

ADDRESS: **286 UPPER POWDERLY STREET**

TELE NOS. **(570) 282-4889** (DAYTIME)

**CARBONDALE PA 18407**

(EVENING/  
WEEKEND)

TAXPAYER

SPOUSE

1. EARNINGS FROM WAGES, SALARIES, TIPS AND BONUSES ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_
2. LESS ALLOWABLE EMPLOYEE BUSINESS EXPENSES ..... \$ ( \_\_\_\_\_ ) \$ ( \_\_\_\_\_ )
3. NET LOSS FROM SELF-EMPLOYMENT (Sch. C, E, F, or K-1) ..... \$ ( \_\_\_\_\_ ) \$ ( \_\_\_\_\_ )
4. SUB TOTAL (Line 1 less lines 2 and 3) If less than zero, enter zero. .... \$ **0.00** \$ **0.00**
5. OTHER TAXABLE INCOME. IDENTIFY SOURCE ( \_\_\_\_\_ ) \$ \_\_\_\_\_ \$ \_\_\_\_\_
6. NET PROFIT FROM SELF-EMPLOYMENT (Sch. C, E, F, or K-1) ..... \$ **461.00** \$ \_\_\_\_\_
7. TOTAL EARNED INCOME SUBJECT TO THIS TAX (Add lines 4, 5, and 6) ..... \$ **461.00** \$ \_\_\_\_\_
8. TAX (Line 7 multiplied by % rate above) ..... \$ **2.00** \$ \_\_\_\_\_
9. TOTAL LOCAL WAGE TAX WITHHELD BY EMPLOYER/S (Per W-2/ S) ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_
10. QUARTERLY PAYMENTS
 

	TAXPAYER	SPOUSE
1st Quarter .....	_____	_____
2nd Quarter .....	_____	_____
3rd Quarter .....	_____	_____
4th Quarter .....	_____	_____
11. TOTAL CREDITS (Add 9 and 10) ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_
12. IF LINE 8 IS GREATER THAN LINE 11 ENTER TAX DUE ..... \$ **2.00** \$ \_\_\_\_\_
13. IF LINE 11 IS GREATER THAN LINE 8 ENTER REFUND ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

LEGAL RESIDENCE FOR THIS TAX YEAR (IF CHANGED WITHIN THE YEAR)

No. months

TAXPAYER \_\_\_\_\_

SPOUSE \_\_\_\_\_

I declare that this return, including accompanying schedules and statements, has been examined by me and is to the best of my knowledge and belief a true, correct and complete return.

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Make Checks Payable to: \_\_\_\_\_

Mail to: \_\_\_\_\_

Prepared by: \_\_\_\_\_

**H AND R BLOCK**

Zip Code **18407** Date **01/15/2010**

# Final Return For Earned Income Tax

TAXING AUTHORITY OF RESIDENCE: **FLORENCE LARKIN**

CITY, TWP, OR BORO: **CARBONDALE TWP**

TAX YEAR: **2009**

SCHOOL DISTRICT: **LAKELAND**

NO. MONTHS RESIDED HERE: **12**

ACCOUNT NO. (If Any): TAXPAYER \_\_\_\_\_ SPOUSE \_\_\_\_\_

LOCAL TAX RATE: **0.5000** %

TAXPAYER: **CATANZARO DAVID J**

SS#: \_\_\_\_\_

SPOUSE: **CATANZARO SHABIDA**

SS#: \_\_\_\_\_

ADDRESS: **286 UPPER POWDERLY STREET**

TELE NOS. **(570) 282-4889** (DAYTIME)

**CARBONDALE PA 18407**

(EVENING/  
WEEKEND)

TAXPAYER

SPOUSE

1. EARNINGS FROM WAGES, SALARIES, TIPS AND BONUSES .....	\$ _____	\$ _____
2. LESS ALLOWABLE EMPLOYEE BUSINESS EXPENSES .....	\$ ( _____ )	\$ ( _____ )
3. NET LOSS FROM SELF-EMPLOYMENT (Sch. C, E, F, or K-1) .....	\$ ( _____ )	\$ ( _____ )
4. SUB TOTAL (Line 1 less lines 2 and 3) If less than zero, enter zero. ....	\$ <b>0.00</b>	\$ <b>0.00</b>
5. OTHER TAXABLE INCOME IDENTIFY SOURCE( _____ )\$ .....	\$ _____	\$ _____
6. NET PROFIT FROM SELF-EMPLOYMENT (Sch. C, E, F, or K-1). ....	\$ <b>461.00</b>	\$ _____
7. TOTAL EARNED INCOME SUBJECT TO THIS TAX (Add lines 4, 5, and 6) .....	\$ <b>461.00</b>	\$ _____
8. TAX (Line 7 multiplied by % rate above) .....	\$ <b>2.00</b>	\$ _____
9. TOTAL LOCAL WAGE TAX WITHHELD BY EMPLOYER/S (Per W-2/S) .....	\$ _____	\$ _____
10. QUARTERLY PAYMENTS	TAXPAYER	SPOUSE
1st Quarter .....	_____	_____
2nd Quarter .....	_____	_____
3rd Quarter .....	_____	_____
4th Quarter .....	_____	_____
11. TOTAL CREDITS (Add 9 and 10) .....	\$ _____	\$ _____
12. IF LINE 8 IS GREATER THAN LINE 11 ENTER TAX DUE .....	\$ <b>2.00</b>	\$ _____
13. IF LINE 11 IS GREATER THAN LINE 8 ENTER REFUND .....	\$ _____	\$ _____

LEGAL RESIDENCE FOR THIS TAX YEAR (IF CHANGED WITHIN THE YEAR)

No. months

TAXPAYER \_\_\_\_\_

SPOUSE \_\_\_\_\_

I declare that this return, including accompanying schedules and statements, has been examined by me and is to the best of my knowledge and belief a true, correct and complete return.

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Make Checks Payable to:

Mail to:

Prepared by:

**H AND R BLOCK**

Zip Code **18407**

Date **01/15/2010**

The following letter denotes the most current collection efforts by RJM Acquisitions LLC to collect payments from a \$4,875.33 balance due, which is part of said Credit Card Debt of over \$23,000.00.

(All debt was recently removed from my credit report by way of statute of limitation laws.)

RJM Acquisitions LLC  
PO Box 18006  
Hauppauge, NY 11788-8806  
1007828944000002RJMCN090909

975 1605 00296176  
642524



PERSONAL & CONFIDENTIAL

**RJM Acquisitions LLC**  
575 Underhill Blvd, Suite 224  
Syosset, NY 11791-3416  
Fax No. (516) 714-1310  
Mon-Thurs 8am-7pm, Fri 8am-3pm  
September 9, 2009



DAVID CATANZARO  
286 UPPER POWDERLY ST  
CARBONDALE PA 18407-3060

Call Toll Free (800) 651-4577  
Use Access Code  
436463735770  
When Calling or Writing

RJM Purchased Your ♦ ASSOCIATES NATIONAL VISA ACCOUNT  
ASSOCIATES NATIONAL Account# ♦ 4621200681313695  
Your Social Security Number ♦ 190-5X-XXXX  
Balance due ♦ \$4,875.33

Dear David Catanzaro:

As you recall, RJM Acquisitions LLC ("RJM") has purchased this account. Below are several opportunities for you to consider:

**BIGGEST SAVINGS!**

**OPPORTUNITY #1: SAVE \$3,412.74**  
**SETTLE THIS ACCOUNT FOR \$1,462.59 (A 70% OFF DISCOUNT!)**

You can settle this account with a Lump Sum payment of \$1,462.59, a 70% discount off the balance due of \$4,875.33.

**OPPORTUNITY #2: SAVE 50% AND PAY \$50.00 PER MONTH**  
**SETTLE THIS ACCOUNT FOR \$2,437.66 (A 50% OFF DISCOUNT) PAYABLE AT \$50.00 PER MONTH**

If you can send \$50.00 per month, then you can settle this account for \$2,437.66, 50% discount (off the balance due of \$4,875.33).

**OPPORTUNITY #3**  
**PAY ONLY \$20.00 PER MONTH**

**LOWEST MONTHLY PAYMENT!**

RJM is pleased to accept \$20.00 per month until the balance due of \$4,875.33 is paid.



**OPPORTUNITY #4: GET A NEW CREDIT CARD!!**

RJM, with Genesis Bankcard Services, Inc., now offers you the ability to resolve your debt and receive a new Gold Mastercard®! This innovative program enables you to repay your \$4,875.33 balance due in low \$75.00 monthly payments. You'll pay 0% APR on this initial balance, and there's no annual fee! See the enclosed insert for details or call 1-(866)-726-5647 to apply today!

Please respond by October 24, 2009.

This is an attempt to collect a debt. Any information obtained will be used for that purpose.

See back of letter for important information.

This communication is from a debt collector.

▼ Detach Here ▼

Re: DAVID CATANZARO

Yes, I like:

☐ **OPPORTUNITY #1:** Enclosed is my payment of \$1,462.59 (a 70% discount). My account is now satisfied in full.

☐ **OPPORTUNITY #2:** Enclosed is my first payment of \$50.00 towards

ASSOCIATES NATIONAL Account#4621200681313695  
Access code 436463735770  
RJM Toll Free (800) 651-4577  
Please respond by October 24, 2009





The following letter denotes the most current collection efforts by Portfolio Recovery Associates, LLC to collect payments from a \$6,435.14 balance due, which is part of said Credit Card Debt of over \$23,000.00.



Portfolio Recovery Associates, LLC.  
We're giving debt collection a good name.

September 21, 2009

NCO PORTFOLIO MGMT INC./FIRST USA BANK  
\*BALANCE: \$6435.14  
Account/Reference No.: 4417122617114906

**Opportunity to Resolve Your Account and Save Money!**

We are pleased to offer you the opportunity to settle this debt at the discounted amount of \$2574.06. This settlement is a significant savings over the full balance you owe us.

Here are some additional advantages:

We will stop our efforts to collect this account.

You will achieve a significant savings over the full balance you owe us.

If we are reporting this account to the credit bureaus, we will report this account as settled.

We reserve the right to withdraw or modify this offer if payment is not received by 10/16/2009.

Contact us toll-free at 1-800-772-1413 to discuss payment arrangements.

**Various Payment Options Available Including:**

**PAY BY PHONE:** Authorize automatic withdrawals from your bank account.

**CHECK:** Make check payable to Portfolio Recovery Associates, LLC and send to Portfolio Recovery Associates, LLC, P.O. Box 12914, Norfolk, VA 23541.

**CREDIT CARD:** Call 1-800-772-1413 for more details.

**ON-LINE:** Pay on-line at [www.portfoliorecovery.com](http://www.portfoliorecovery.com).

\*Interest continues to accrue on this account and will accrue until the account is satisfied, unless interest has been suspended. The above balance includes interest as of the date of this letter. You may contact us to obtain an exact payoff amount for a future date.

**This letter is from a debt collector and is an attempt to collect a debt.**

**Any information obtained will be used for that purpose.**

**MAKE ALL CHECKS PAYABLE TO:** Portfolio Recovery Associates, LLC

**SEND ALL PAYMENTS TO:** Portfolio Recovery Associates, LLC, P.O. Box 12914, Norfolk, VA 23541

**HOURS OF OPERATION (EST):**

7:30 AM to 11 PM Mon.-Fri. 8 AM to 5 PM Sat. 2 PM to 9 PM Sun.

**CORPORATE ADDRESS**

Portfolio Recovery Associates, LLC, 120 Corporate Boulevard, Norfolk, VA 23502

**DISPUTES CORRESPONDENCE ADDRESS**

140 Corporate Boulevard, Norfolk, VA 23502

Disputes Dept. E-mail Address: [PRA\\_Disputes@portfoliorecovery.com](mailto:PRA_Disputes@portfoliorecovery.com)

**CREDIT CARD PAYMENTS - TRANSACTION FEES (processed through paymybill.com)**

Master Card, Visa and Discover: \$5 per \$150; American Express: \$7 per \$150

**Quality Service Specialists available Mon. - Fri. 8 AM to 5 PM (EST)**

Not happy with the way you were treated? Our company strives to provide professional and courteous service to all our customers. Contact one of our staff to discuss issues related to our quality of service to you by phone at (866) 925-7109 or by email at [qualityservice@portfoliorecovery.com](mailto:qualityservice@portfoliorecovery.com).

**PRIVACY NOTICE**

We collect certain personal information about you from the following sources: (a) information we receive from you; (b) information about your transactions with our affiliates, others, or us; (c) information we receive from consumer reporting agencies. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. We restrict access to nonpublic information about you to those employees and entities that need to know that information in order to collect your account. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

www.portfoliorecovery.com

The following letter denotes the most current collection efforts by Capital Management Services, LP to collect payments from a \$3,558.80 balance due, which is part of said Credit Card Debt of over \$23,000.00.

726 Exchange Street, Suite 700  
Buffalo, New York 14210



**CAPITAL MANAGEMENT SERVICES, LP**  
726 Exchange Street - Suite 700, Buffalo, NY 14210  
Office Hours: M-Th 8 a.m. - 11 p.m. ET  
Fri 8 a.m. - 10 p.m., Sat 8 a.m. - 4 p.m. ET  
Sun 9 a.m. - 1 p.m. ET  
Toll Free: 1-800-694-4157, Fax: (716) 852-1620

Reference# 050930229



T282 P1\*\*\*\*AUTO\*\*ALL FOR AADC 180

David Catanzaro  
286 UPPER POWDERLY S  
CARBONDALE, PA 18407-3060

Previous Creditor: CITIBANK  
Current Creditor: Arrow Financial Services LLC  
Account #: 6166179  
Balance: \$3558.80

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Dear David Catanzaro:

December 29, 2009

This company has been engaged by Arrow Financial Services LLC to resolve your delinquent debt of \$3558.80. Please submit your payment and make your check or money order payable to Capital Management Services, LP. to the above address.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such verification or judgment. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different than the current creditor.

Capital Management Services, LP is authorized to accept less than the full balance due as settlement of the above account. The settlement amount of \$533.82, which represents 15% of the amount presently owed, is due in our office no later than forty-five (45) days after receiving this notice. We are not obligated to renew this offer.

For your convenience, this settlement may be made online at: [www.cms-trans.com](http://www.cms-trans.com). For other payment options, please contact Capital Management Services, LP. at 726 Exchange Street, Suite 700, Buffalo, NY 14210 or call 1-800-694-4157 Mon. through Thurs. 8 am to 11 pm ET, Fri. 8 am to 10 pm ET, Sat. 8 am to 4 pm ET, or Sun. 9 am to 1 pm ET.

This is an attempt to collect a debt; any information obtained will be used for that purpose. This communication is from a debt collector.



Department of the Treasury  
Internal Revenue Service  
Philadelphia, PA 19154

For assistance, call:

1-800-829-8374

Your Caller ID: 231746

Notice Number: CP71A

Date: October 5, 2009

Taxpayer Identification Number:

Tax Form: 1040

Tax Year: December 31, 2002

165103.610769.0680.016 1 AB 0.360 926



DAVID J CATANZARO  
286 UPPER POWDERLY ST  
CARBONDALE PA 18407-3060

### Reminder: You owe past due taxes for 2002

Amount Owed:

\$1,737.24

Pay by:

October 26, 2009

Why am I getting this notice?

You have a past due tax balance for 2002. By law, we must tell you each year how much you owe. We will send you a notice for each tax year for which you still owe.

What should I do?

If you can make a payment:

1. Make your check or money order payable to the United States Treasury. Write tax year 2002 and this Social Security Number (190-52-3006) on your payment.
2. Complete and detach the payment stub at the end of this notice.
3. Send the stub and your payment in the enclosed envelope.

If you can't pay the full amount owed:

1. Pay as much as you can now.
2. Review the Payment Options listed on the back of this page.
3. Call us at 1-800-829-8374 if you want to discuss payment options for the amount not paid.

**Reminder!** If you don't pay the amount owed by October 26, 2009, we will continue to add penalties and interest until the amount is paid in full.

The attached documents denote Public Assistance Benefits starting from 4-23-03 and continuing concurrently to the present day.

Under the heading "C/G" will be sets of letters denoted as "FS" which stand for "Food Stamps"  
The underlined areas denote Food Stamp assistance and time frame.

All questions should be addressed to my caseworker Mr. Mercuri located at:

Commonwealth of Pennsylvania  
Department of Public Welfare  
Lackawanna County Assistance Office  
200 Scranton State Office Building  
100 Lackawanna Ave.  
Scranton, PA 18503-1972  
(570) 963-4525

CQINDL

## CIS INDIVIDUAL DETAIL INQUIRY

09/15/09 13:31:47

Operator: RUDDY

Page: 4 of 4

Indiv No V Status  
001278535 8 ACTIVENotice Dist Csld Worker  
0 0271 14369PA CAP Begin: 09/14/09  
End: 00/00/00  
Change: 09/14/09

Last Name	First	M App	DOB	V	Sex	SSN	V Cit	V Vet	Educ
CATANZARO	DAVID		10/04/1967	W	M		7	1	W 0 12

MS	V	Vote	Race	Eth	HIB Number	TPL	LA	LA Date	Org
2	S	6	6	1		N		00/00/00	

# Benefit Days: TANF: 0000, GA: 0000, Timeout: 0000, Act 35: 0000, ET: 0000

Sel	Co	Record	C/G	C	Pg	LN	DQ	Rel	El	S	Retro	Elig Beg	Elig End
-	35	0561062	FS	2	00	01	20	X	EB	I		06/01/03	10/31/03
-	35	0561062	FS	2	00	01	20	X	EB	I		04/23/03	05/31/03
-	35	0117140	FS	9	00	06		S	EM	I		02/01/84	01/31/88
-	35	0117140	K	2	1	00	06	S	EA	I		11/10/85	01/09/86

F18 - NAME INQ

F19 - IEVS DETAIL

F20 - NON-FIN ATTRIBUTE

Next Tran: \_\_\_\_\_ Parameters: \_\_\_\_\_ Xmit: \_

CQINDL

## CIS INDIVIDUAL DETAIL INQUIRY

09/15/09 13:31:42

Operator: RUDDY

Page: 3 of 4

Indiv No V Status  
001278535 8 ACTIVENotice Dist Csld Worker  
0 0271 14369PA CAP Begin: 09/14/09  
End: 00/00/00  
Change: 09/14/09

Last Name	First	M App	DOB	V	Sex	SSN	V Cit	V Vet	Educ
CATANZARO	DAVID		10/04/1967	W	M		7 1	W 0	12

MS	V	Vote	Race	Eth	HIB Number	TPL	LA	LA Date	Org
2	S	6	6	1		N		00/00/00	

# Benefit Days: TANF: 0000, GA: 0000, Timeout: 0000, Act 35: 0000, ET: 0000

Sel	Co	Record	C/G	C	Pg	LN	DQ	Rel	E1	S	Retro	Elig Beg	Elig End
-	35	0561062	PU	7	00	01		X	ES	I		11/27/06	04/11/07
-	35	0561062	PC	6	27	01		X	NL	I		11/27/06	04/11/07
-	35	0561062	PC	6	27	01		X	NL	I		08/29/06	11/30/06
-	35	0561062	FS	2	00	01	05	X	EB	I		06/01/06	11/30/06
-	35	0561062	PU	7	00	01		X	ES	I		08/29/06	11/26/06
-	35	0561062	FS	2	00	01	20	X	EB	I		12/23/03	05/31/06

F18 - NAME INQ

F19 - IEVS DETAIL

F20 - NON-FIN ATTRIBUTE

Next Tran: \_\_\_\_\_ Parameters: \_\_\_\_\_ Xmit: \_

CQINDL

## CIS INDIVIDUAL DETAIL INQUIRY

09/15/09 13:31:38

Operator: RUDDY

Page: 2 of 4

Indiv No V Status  
001278535 8 ACTIVENotice Dist Cslid Worker  
0 0271 14369PA CAP Begin: 09/14/09  
End: 00/00/00  
Change: 09/14/09

Last Name	First	M App	DOB	V	Sex	SSN	V Cit	V Vet	Educ
CATANZARO	DAVID		10/04/1967	W	M		7 1	W 0	12

MS	V	Vote	Race	Eth	HIB Number	TPL	LA	LA Date	Org
2	S	6	6	1		N		00/00/00	

# Benefit Days: TANF: 0000, GA: 0000, Timeout: 0000, Act 35: 0000, ET: 0000

Sel	Co	Record	C/G	C	Pg	LN	DQ	Rel	El	S	Retro	Elig Beg	Elig End
-	35	0561062	FS	2	00	01	01	X	EW	I		05/01/08	06/30/08
-	35	0561062	PU 2	7	27	01		X	ES	I		11/26/07	05/20/08
-	35	0561062	FS	2	00	01	01	X	EB	I		01/01/08	04/30/08
-	35	0561062	FS	2	00	01	01	X	EB	I		05/01/07	12/31/07
-	35	0561062	PU 2	7	27	01		X	ES	I		03/20/07	11/25/07
-	35	0561062	FS	2	00	01	05	X	EB	I		06/01/06	04/30/07

F18 - NAME INQ

F19 - IEVS DETAIL

F20 - NON-FIN ATTRIBUTE

Next Tran: \_\_\_\_\_ Parameters: \_\_\_\_\_ Xmit: \_

CQINDL

## CIS INDIVIDUAL DETAIL INQUIRY

09/15/09 13:31:30

Operator: RUDDY

Page: 1 of 4

Indiv No V Status  
001278535 8 ACTIVENotice Dist Cslid Worker  
0 0271 14369PA CAP Begin: 09/14/09  
End: 00/00/00  
Change: 09/14/09

Last Name	First	M App	DOB	V	Sex	SSN	V Cit	V Vet	Educ
CATANZARO	DAVID		10/04/1967	W	M		7 1	W 0	12

MS	V	Vote	Race	Eth	HIB Number	TPL	LA	LA Date	Org
2	S	6	6	1		N		00/00/00	

# Benefit Days: TANF: 0000, GA: 0000, Timeout: 0000, Act 35: 0000, ET: 0000

Sel	Co	Record	C/G	C	Pg	LN	DQ	Rel	E1	S	Retro	Elig Beg	Elig End
-	35	0561062	PU 2	7	27	01		X	ES	A		09/10/09	
-	35	0561062	FS	2	00	01	01	X	EW	A		06/01/09	To CURRENT
-	35	0561062	PU 2	7	27	01		X	ES	I		05/19/09	09/09/09
-	35	0561062	FS	2	00	01	01	X	EW	I		12/01/08	05/31/09
-	35	0561062	PU 2	7	27	01		X	ES	I		05/21/08	05/18/09
-	35	0561062	FS	2	00	01	01	X	EW	I		07/01/08	11/30/08

F18 - NAME INQ

F19 - IEVS DETAIL

F20 - NON-FIN ATTRIBUTE

Next Tran: \_\_\_\_\_ Parameters: \_\_\_\_\_ Xmit: \_



The following Fuel receipts are from the years 2002, 2003 & 2004.  
(Receipts do not reflect total amounts for years 2002, 2003 & 2004.)

Receipts for 2003 & 2004 denote programs such as "Crises" and "Salvation Army" which denote fuel costs were paid by Local and state wide programs.

CERTIFIED METER DELIVERY No 12963

PREVIOUS SALE NO. 580 66 00000  
581 66 01841

**M & M FUEL SERVICE**  
100 CHESTNUT STREET  
ARCHBALD, PA 18403  
PHONE: 876-5784

SOLD TO: *David Centonzo*  
*626 Penn Ave*  
*Mayfield*

PRODUCT	GALLONS	PRICE	AMOUNT
Heating Oil	184	1.629	300.00
Kerosene			
Gasoline			
Propane			

ALL INVOICES DUE, PAYABLE IN 10 DAYS

THIS IS YOUR INVOICE

DATE: 1-15-02 TIME: AM DRIVER: TRUCK NO. TANK AFTER DEL.

RECEIVED PAYMENTS \$ BY C.O.D. CHARGE

RECEIVED ABOVE GALLONS CUSTOMER SIGNATURE

CERTIFIED METER DELIVERY No 131759

PREVIOUS SALE NO. 730 AAC 00000  
731 AAC 14441

**M & M FUEL SERVICE**  
100 CHESTNUT STREET  
ARCHBALD, PA 18403  
PHONE: 876-5784

SOLD TO: *David Centonzo*

PRODUCT	GALLONS	PRICE	AMOUNT
Heating Oil	244	1.129	300.00
Kerosene			
Gasoline			
Propane			

ALL INVOICES DUE, PAYABLE IN 10 DAYS

THIS IS YOUR INVOICE

DATE: 1-21-02 TIME: AM DRIVER: TRUCK NO. TANK AFTER DEL.

RECEIVED PAYMENTS \$ BY C.O.D. CHARGE

RECEIVED ABOVE GALLONS CUSTOMER SIGNATURE

CERTIFIED METER DELIVERY No 35426

PREVIOUS SALE NO. 476 66 00000  
477 66 00000

**M & M FUEL SERVICE**  
100 CHESTNUT STREET  
ARCHBALD, PA 18403  
PHONE: 876-5784

SOLD TO: *David Centonzo*  
*626 Penn Ave*  
*Mayfield*

PRODUCT	GALLONS	PRICE	AMOUNT
Heating Oil	150	1.329	200.85
Kerosene			
Gasoline			
Propane			

ALL INVOICES DUE, PAYABLE IN 10 DAYS

THIS IS YOUR INVOICE

DATE: 1-31-04 TIME: AM DRIVER: TRUCK NO. TANK AFTER DEL.

RECEIVED PAYMENTS \$ BY C.O.D. CHARGE

RECEIVED ABOVE GALLONS CUSTOMER SIGNATURE

CERTIFIED METER DELIVERY No 43161

PREVIOUS SALE NO. 584 AAC 00000  
585 AAC 00000

**M & M FUEL SERVICE**  
100 CHESTNUT STREET  
ARCHBALD, PA 18403  
Phone: 876-5784

Accepting MasterCard & Visa

SOLD TO: *David Centonzo*  
*626 Penn Ave*  
*Mayfield*

PRODUCT	GALLONS	PRICE	AMOUNT
Heating Oil	175	1.719	300.00
Kerosene			
Gasoline			
Propane			

ALL INVOICES DUE, PAYABLE IN 10 DAYS

THIS IS YOUR INVOICE

DATE: 11/10/04 TIME: AM DRIVER: TRUCK NO. TANK AFTER DEL.

RECEIVED PAYMENTS \$ BY C.O.D. CHARGE

RECEIVED ABOVE GALLONS CUSTOMER SIGNATURE

(Electric records were solicited from the Pennsylvania Power and Light company. No records were retrievable due to the fact that their records only go back five years as well.)



**Billing Date** 01/07/03  
**Account** 570 876 1009 564 76 Y  
**Page 1 of 5**

### LIST OF SERVICES INCLUDED

**DAVID J CATANZARO**  
**626 PENN AV**  
**MAYFIELD PA 18433-1817**



**To enroll in the Verizon  
Direct Payment Option please read  
and sign the agreement on the  
reverse side of the payment form  
below.**

## Account Summary

Amount of Last Bill	43.98
Payments through Jan 9	43.98CR
Balance	.00
Current charges	
Verizon Charges	21.88
Current Charges Due by Feb 3	21.88
Total Amount Due	\$21.88

Deposits  
TOTAL for  
year 1

***Please write in amount enclosed and send this coupon with your check or money order in US funds to address below.***



**Account 570 876 1009 564 76 Y**

**Make Check Payable to Verizon**  
**LIST OF SERVICES INCLUDED**

**Total Amount Due                    \$21.88**

**Sign me up for a \$1 donation to Verizon Reads.**

9

**DAVID J CATANZARO**  
**626 PENN AV**  
**MAYFIELD PA 18433-1817**

\$   .

**Verizon**  
**PO Box 28000**  
**Lehigh Vly PA 18002-8000**



10957008761009564502804159000002000000000000000002188100000

# Gift Sold Online Guitar Pick Collection

[Security Center](#)[Search](#)[My Account](#)[Send Money](#)[Request Money](#)[Merchant Services](#)[Products & Services](#)[Shopping](#)

## Transaction Details

Payment Received (Unique Transaction ID #9GK893185E024433W)

Sent by: shawn robare

Buyer Email: sportsfreaklee@hotmail.com

Payment Sent to: david1voice@aol.com

Amount received: \$5,000.00 USD

Fee amount: -\$145.30 USD

Net amount: \$4,854.70 USD

Date: May 9, 2008

Time: 15:31:00 PDT

Status: Completed

Seller Protection Policy: Eligible (if certain criteria are met) [?](#)Attn. Sellers: You must ship to the address shown below to be protected under PayPal's Seller Protection Policy.

Subject: shawn robare

Note: Pick List

- |                       |    |
|-----------------------|----|
| 1. Judas Priest       | 4  |
| 2. Metallic           | 2  |
| 3. Accept             | 2  |
| 4. Def Leppard        | 2  |
| 5. McQueen St.        | 2  |
| 6. Dokken             | 2  |
| 7. Wasp               | 6  |
| 8. Van Halen          | 7  |
| 9. Red Rocker         | 1  |
| 10. L.A. Guns         | 4  |
| 11. Tesla             | 5  |
| 12. Ozzy              | 1  |
| 13. Billy Idol        | 4  |
| 14. Dangerous Toys    | 5  |
| 15. Alice Cooper      | 3  |
| 16. Gun N Roses       | 7  |
| 17. Sweet F.A.        | 1  |
| 18. Queens Ryche      | 13 |
| 19. Lynch Mob         | 4  |
| 20. Skidrow           | 4  |
| 21. Kiss              | 8  |
| 22. Ace Frehley       | 1  |
| 23. Vinnie Vincent    | 6  |
| 24. Quiet Riot        | 1  |
| 25. Dragon Kick       | 2  |
| 26. Ugly Kid Joe      | 1  |
| 27. Motley Crew       | 19 |
| 28. Aerosmith         | 9  |
| 29. Scorpions         | 1  |
| 30. Faster Pussyt Cat | 4  |
| 31. Danger Danger     | 4  |
| 32. DEAR (Unknown)    | 5  |
| 33. The Undead        | 1  |
| 34. Suicidal Ten.     | 1  |
| 35. Spike Cassidy     | 1  |
| 36. ___ Angle Act 3   | 2  |

37. CFH	2
38. Megadeth	7
39. Anthrax (I believe all)	18
40. Prong	1
41. Metallic	3
42. Testament	2
43. Unknown	3
44. __ Sam & __ Sam	1
45. Doro	1
46. Thomas Jude	1
47. Danzig	3
48. E.V.	1
49. Wrath Child America	4
50. Over Kill	4
51. Unknown	2
52. Metal Church	1
53. Unknown	1
54. Roidz	1
55. Savatage	1
56. Jeff Healey	

Payment Type: Instant

**Shipping:**

[ [Print Packing Slip](#) | [Add Tracking Info](#) ] ?

**Refund:**

If you need to refund this payment to the sender for any reason, you may do so using Send Money. The Refund Payment option is only available for 60 days after a payment is sent.

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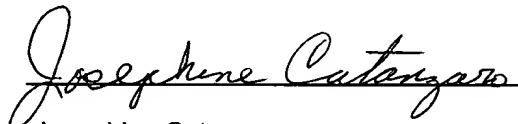
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This letter confirms that I, Josephine Catanzaro, of 286 Upper Powderly Street, Carbondale, PA, loaned my son David Catanzaro approximately \$1,383 in 2003 and \$1,900 in 2004 to assist in his living expenses. To date, David Catanzaro still owes the full amount of the above stated loans. David Catanzaro has been living with me at my residence since 2005.

In October of 2009, I retained an attorney to collect moneys from an estate I was legally entitled to. Based on the fact that my attorney believes 'full recovery' will be forthcoming, at this time, I have agreed to allow David Catanzaro access to \$2,500 from my Wells Fargo Credit Card account, allowing him to pay all fees associated with this petition.

If further information is needed I can be reached at: 570-282-4889.

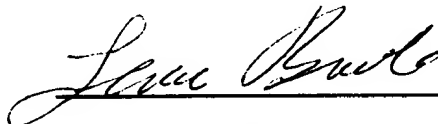
 Date 1-18-10  
Josephine Catanzaro

This letter confirms that I, Margie Stewart, am the owner and landlord for the property located at 626 Penn Avenue, Mayfield, PA. David Catanzaro lived at said residence from 1994 to 2004. David Catanzaro had the sole responsibility to pay me monthly rent from years 2000 through 2004. David Catanzaro also had the responsibility to pay monthly bills including Electric, Water, Heating Oil, Phone services etc., from 2000 through 2004. The rent amount per month to be paid was \$250.00. As of June of 2002 through 2004 the monthly rent to be paid was \$300. David Catanzaro still has an unpaid rent balance of nearly \$1,000.


Margie Stewart Date 9/16/09  
Margie Stewart

Margie Stewart  
624 Penn Avenue  
Mayfield, PA 18433  
Work No.: 570-488-5811 ext. 3506  
Home No.: 570-876-3950

This letter confirms that I Leonard Browksi of 1208 North 29, Dallas, PA, loaned David Catanzaro the amount of \$3,000 in 2003 to assist in his living expenses. David Catanzaro paid loan in full in the latter part of May of 2008. If further information is needed I can be reached at: 570-362-2203 or 570-825-7057.

 Date 9-20-09  
Leonard Browksi

This letter confirms that I, Anthony Catanzaro, of APT 5-D Veterans Drive, Dickson City, PA, loaned my son David Catanzaro approximately \$1,065 in 2003 and \$1,900 in 2004 to assist in his living expenses. To date, David Catanzaro still owes the full amount of the above stated loans. If further information is needed I can be reached at: 570-510-7618.

 Date 1-18-10  
Anthony Catanzaro



This letter confirms that I, Sam Cerami, of Nashville, TN having a business at 30 Music Square West, Suit 204, Nashville, TN loaned David Catanzaro approximately \$400 in 2005, \$700 in 2006 and \$700 in 2007 to assist in his living expenses. To date, David Catanzaro still owes the full amount of the above stated loans. If further information is needed I can be reached at: 615-256-0420.

Sam Cerami Date 1-12-10

Sam Cerami

\$500 is still currently owed to the Covenant Reformed Church of 47 South Church Street, Carbondale, PA, from a loan made in 2000.

If further information is needed, please contact Pastor George Mall at 9 Railroad Street, Simpson, PA, phone: 570-267-1259